

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34570

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 8617

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4450 Delor St		d. STREET ADDRESS (If rural, give location) 4450 Delor St	
3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) Myrtle c. (Last) Baugh		4. DATE OF DEATH (Month) (Day) (Year) 10-12-1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-14-1876
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	11. BIRTHPLACE (State or foreign country) Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Retired	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Norris		13b. MOTHER'S MAIDEN NAME Sarah Jean Brewster	14. NAME OF HUSBAND OR WIFE *****
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Orville P. Worley
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES Chronic Nephritis. Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerot. Kidney DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 Mo. a	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		442X	
22. I hereby certify that I attended the deceased from 10 April, 1948 , to 12 Oct, 1950 , that I last saw the deceased alive on 12 Oct, 1950 , and that death occurred at 09 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Berglund Youngman M.D.		23b. ADDRESS 5439 Gravois Ave	
23c. DATE SIGNED 12 Oct 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-14-1950	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Vernon, Illinois Ill	
DATE REC'D BY LOCAL REG. OCT 13 1950		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Brothers		ADDRESS 6409 Gravois Ave	
By Albert Ziegenhein			

Dr. Youngman 5439 Gravois Ave
 HU 1340 / 263
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ms

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Allen Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *St. Louis Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.