

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3243

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay
c. LENGTH OF STAY (in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 817 Allegheny Dr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay
d. STREET ADDRESS (If rural, give location) 817 Allegheny Dr

3. NAME OF DECEASED (Type or Print!)
a. (First) Marcia b. (Middle) _____ c. (Last) Baxter

4. DATE OF DEATH (Month) (Day) (Year)
Dec 18 1952

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct 25, 1867

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Fredonia Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Caleb Meyers

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James Baxter

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 ADDRESS
Ada Mathis 817 Allegheny Dr

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic valvular
DUE TO (c) Heart disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200

INTERVAL BETWEEN ONSET AND DEATH
1 mo +
1 mo +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1952 to Dec 17, 1952, that I last saw the deceased alive on Dec 17, 1952 and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William F. McClammond

23b. ADDRESS 7619th Gray Ave

23c. DATE SIGNED 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 12-19-52

24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff No.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-19-52

REGISTRAR'S SIGNATURE Herkut R. Doud

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe 4700 Washington Bl

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. _____

Student
Student Embalmer

Signed _____

Paul J. Farmer

Licensed Embalmer No. _____

4788

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.