

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44699

State File No.

FILED JAN 28 1953

 BIRTH NO. 276 AD REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0390

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>5452 Thrush</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Therese</u> b. (Middle) <u>Bajaro</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>12-11-52</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min. <u>11 42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alfred John Bajaro</u>	13b. MOTHER'S MAIDEN NAME <u>Geraldine Louise Ludwig</u>	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred J. Bajaro</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>	
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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7605.</u>	
22. I hereby certify that I attended the deceased from <u>12/11</u> , 19 <u>52</u> , to <u>12/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/12</u> , 19 <u>52</u> , and that death occurred at <u>5:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald C. Sille W</u>		23b. ADDRESS <u>5626 W. Florissant</u>	23c. DATE SIGNED <u>12/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	24b. DATE <u>1-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 14 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>W. Rawland</u>	ADDRESS <u>4104 Manchester</u>

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.