

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19153

State File No. ....

318

1003

Registrar's No. 4744

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

REGISTRAR'S NO. ....

## I. PLACE OF DEATH

a. COUNTY

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,**c. LENGTH OF RESIDENCE (Specify date) **August 3, 1943 to May 9, 1953**CITY OR TOWN **St. Louis,**d. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary**e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St.**

## 3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

## 4. DATE OF DEATH (Month) (Day) (Year)

5. SEX **Male**6. COLOR OR RACE **White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

## 8. DATE OF BIRTH

9. AGE (In years last birthday) **79**

IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**10b. KIND OF BUSINESS OR INDUSTRY **---**11. BIRTHPLACE (City and State or Foreign Country) **Ill.**

12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

**John Baird**

## 13b. MOTHER'S MAIDEN NAME

**Sarah Ogg.**

## 14. NAME OF HUSBAND OR WIFE

**Laura McCoy Baird.**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. **none**17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John Baird, 4545 Soledade**

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

**Generalized Arteriosclerosis**

## ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Arterioscleritic heart and brain damage**DUE TO (c) **Latent Lues.**

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 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) (Minute)

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

## 21f. HOW DID INJURY OCCUR?

**0282**22. I hereby certify that I attended the deceased from **August 3, 1943**, to **May 9, 1953**, that I last saw the deceased alive on **May 9, 1953**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

## 23. SIGNATURE (Degree or title)

**Polina Druanic Bowdish M.D.**

## 23b. ADDRESS

**5800 Arsenal St.**

## 23c. DATE SIGNED

**5-9-1953**

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

## 24b. DATE

**5/11/53**

## 24c. NAME OF CEMETERY OR CREMATORY

**Bellefontaine**

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

**St. Louis Mo**

(State)

## DATE REC'D BY LOCAL REG.

**MAY 11 1953**

## REGISTRAR'S SIGNATURE

**J. Carl Smith M.D.**

## 25. FUNERAL DIRECTOR'S SIGNATURE

**435 Lindell**

## ADDRESS

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

(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.....  
Signature of Student Embalmer

Signed *W. W. Wilkins*.....

Licensed Embalmer No. 3.....

P. O. Address *W. Lou*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.