

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10392

2132

BIRTH NO. 8700-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | |
|---|---------------------------|---|---|
| 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 township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity | | d. STREET ADDRESS (If rural, give location) 11 4311 Cote Brilliante Avenue | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) Baigy | | b. (Middle) | |
| c. (Last) | | Month (Day) (Year) February 8 1956 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH February 7 1956 |
| 9. AGE (In years last birthday) | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Louis Baigy | | 13b. MOTHER'S MAIDEN NAME Rosie Lee Branch | |
| 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 Rosie Lee Baigy Above | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 18. MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Bilateral Pneumonia | |
| ANTECEDENT CAUSES | | atelectasis | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | |
| DUE TO (b) | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | Interval between ONSET AND DEATH 3 mo | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | life - gestation not compatible | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 76.3.5 | |
| 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Feb 7 19 56 to Feb 8 19 56, that I last saw the deceased alive on Feb 8 19 56, and that death occurred at 11:50 P M, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) | | 23b. ADDRESS | |
| 23c. DATE SIGNED | | 23d. LOCATION (City, town, or county) (State) | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| 24e. DATE REC'D BY LOCAL REG. | | 24f. REGISTRAR'S SIGNATURE | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
| FEB 29 1956 | | J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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