

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33072

FILED SEP 16 1957

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in 1b 20 days	d. STREET ADDRESS (If outside, give location) 1227 No. Second St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Earl Middle J. Last Baird			4. DATE OF DEATH Month Sept. Day 13 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1903	9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months 5 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (City and state or country) Saint Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Baird		13b. MOTHER'S MAIDEN NAME Mary Cleary		14. NAME OF HUSBAND OR WIFE Alice Baird	
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. 152-05-3681		17. INFORMANT Address Mrs. Marie Oetker, St. Charles, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerotic Heart Disease					Unknown
DUE TO (c) Arteriosclerosis generalized					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Bronchial Asthma and Pulmonary Emphysema					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —			
20c. TIME OF INJURY Hour — Month — Day — Year — a.m. — p.m. —		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		20f. CITY, TOWN, OR LOCATION —		COUNTY —	STATE —
21. I attended the deceased from August 23, 1957 to Sept. 13, 1957 and last saw ^{him} alive on Sept. 13, 1957 . Death occurred at 12:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Don D. Randall, M.D.			22b. ADDRESS 207 N. 5th St. Charles, Mo.		22c. DATE SIGNED Sept. 14, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
24. FUNERAL DIRECTOR H. C. Dallmeier		ADDRESS St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. SEP 14-57	26. REGISTRAR'S SIGNATURE Mareeela Wilson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 25 1957

OCT 23 1957

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



Licensed Embalmer No. 4833

P. O. Address St. Charles

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.