

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035064
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2424

5. 300
7. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		c. CITY OR TOWN Kirkwood 46930	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs. H. 3 wks.		d. STREET ADDRESS (If outside, give location) 646 Cranbrook	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA BELLE BAYER			4. DATE OF DEATH Month Day Year Sept. 6, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Pennsylvania
13a. FATHER'S NAME James Denning		13b. MOTHER'S MAIDEN NAME Margaret Miller	14. NAME OF HUSBAND OR WIFE William H. Bayer
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 Address J. H. Steinmeyer, 646 Cranbrook
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH ? ?
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 <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 July 1, 1958 , to SEPT. 6, 1958 and last saw ^{her} him alive on 9-5-58 Death occurred at 7304 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. R. Loving M.D.		22b. ADDRESS BALLWIN, Mo.	22c. DATE SIGNED 9-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-8-58	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves		25. DATE RECD. BY LOCAL REG. 9-7-58	26. REGISTRAR'S SIGNATURE Herbert R. Doule MD

All diseases in Part I must be causally related.

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 *Leslie Stelen*

Licensed Embalmer No. *4395*
P. O. Address *Whiter Green*

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.