

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-108180  
STATE FILE NUMBER

U MAR 18 1959 Registration District No. Primary Registration District No. Registrar No. 2086

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Louis</u>                 |  | c. CITY <u>St. Louis 14</u><br>OR<br>TOWN <u>6254 Julian Ave. 4311</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>DePaul Hospital</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>6254 Julian Ave.</u>   |  |

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| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>ANNE E BAIRD</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb 26, 1959</u> |  |  |
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|-------------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|
| 5. SEX<br><u>female</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 19, 1881</u> | 9. AGE (In years last birthday)<br><u>77</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Dress maker J.C. Penny and Company</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Crow Creek, South Dakota</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |
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| 13a. FATHER'S NAME<br><u>James Tulloch</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Spry</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Thomas Baird</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>NO None</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><u>Thomas J. Baird 6254 Julian Ave. St. Louis</u> | Address <u>14, Missouri.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute myocardial infarct</u><br><u>Cardiovascular disease</u><br>DUE TO (b) <u>Senility</u><br>DUE TO (c) <u>Senility</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>420.1</u>   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour Month Day, Year<br>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 |
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| 21. I attended the deceased from <u>Feb 23-59</u> to <u>Feb. 26-59</u> and last saw her/him alive on <u>Feb. 26-59</u><br>Death occurred at <u>8:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><u>Gene J. Pully</u> (Deputy Registrar) | 22b. ADDRESS<br><u>M.D. 730 Hodiamont</u> | 22c. DATE SIGNED |
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|---|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE<br><u>2/28/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mount Lebanon Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Missouri.</u> |
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| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton and Sons 7233 Delmar Blv'd.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 27 59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Gene J. Pully M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in report to no symptoms when possible. All diseases in Part I must be causally related.

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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 *Clarence A. Murray* .....

Licensed Embalmer No. *4011* .....  
P. O. Address *St. Louis, Mo.* .....

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.