| | Baird Funeral Home Records - 1946-1948 | | |
|-------------------------|--|--|--|
| | | | |
| Date of Entry | Year 1948 | | |
| Name of Deceased | Sally Jo Herstad | | |
| Marital Status | | | |
| Residence | East Race St. | | |
| Husband/Wife/Widow | | | |
| Charge To | | | |
| Address | | | |
| Order Given By | | | |
| How Secured | | | |
| If Veteran, State War | | | |
| Occupation | | | |
| Employer & Address | | | |
| Date of Death | August 29, 1948; 9 p.m. | | |
| Date of Birth | August 07, 1947 | | |
| Age | 1 year | | |
| Date of Funeral | August 31, 1948; 10:30 | | |
| Services At | Graveside | | |
| Clergyman | Noll | | |
| Religion of Deceased | | | |
| Birthplace | Fort Wayne | | |
| Resided in State | | | |
| Place of Death | Fort Wayne Lutheran Hospital | | |
| Cause of Death | | | |
| Contributory Causes | | | |
| Certifying Physician | | | |
| His Address | | | |
| Name of Father | Norman Herstad | | |
| His Birthplace | | | |
| Maiden Name of Mother | Gretchen Poling | | |
| Her Birthplace | | | |
| (Motor/Ship) Remains To | | | |
| Size of Casket | 3'0" | | |
| Manufactured By | | | |
| Cemetery/Crematory | Green Park | | |
| Lot No. | | | |
| Grave No. | | | |
| Section No. | | | |
| Block No. | | | |
| Owner | | | |
| Diagram of Lot or Vault | | | |
| Note | | | |

RECORD OF FUNERAL

| | RECOILE 10# | Date of Entry | 19.4 |
|-----------------------|---|--|--------|
| Total No | Yearly No 1. 9. # | atad (What Race) | |
| Name of Deceased | Divorced | | |
| Married OS | | Husband Wife Widow Age of Husband or Wife (if livin | g)Year |
| Residence: | | VI | |
| Charge to: | | | |
| Address | | Calling September 1 | |
| Order given by | (or informant) | AND MARKET SHAPE OF THE PARTY O | |
| Van Compaint | *************************************** | | |
| If Veteran, State War | | | |
| Occupation | (Secial Security Number) | | |
| Employer and Address | | | |
| Date of Death Acres | (liour) | | |
| Date of Birth Aug | 2=(9.4.1 | | |
| Age | (Days) | | 61 |
| | 3110.39.M | | |
| Date of Funeral | ente | | |
| Services at: | ell | | |
| Clergyman: | | | |
| Birthplace | ayul | The same of the sa | |
| Resided in the State | Cart (North) | The state of the s | |
| Place of Death 1+ 100 | word - Sutheren Hop | The Country of the Co | |
| | | | |
| Cause of Death | | | |
| Contributory Causes | | | |
| | | | |
| Certifying Physician | (perGennet) | | |
| His Address: | Henotal | | |
| Name of Father | and the same of the | | |
| His Birthplace | In then Coling | | |
| Maiden Name of Mather | The state of | | |
| Her Birthplace | | and the same of th | |
| Motor Ship Remains to | | | |
| Diac or or or | Date Literari Stephel | and the same of th | |
| Manufactured by | Q.L | The state of the s | |
| Cemetery } See | | | |
| | Let No. | The state of the s | |
| | Grave No. | | |
| 1 n 3 4 d c | Section 345. | The state of the s | |
| 7 3 7 310 | Black No. | | |