

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mohn Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour 3
(Specify whether years, months or days)

8. (a) PRINT FULL NAME William J. Baker.

3. (b) If veteran, name war None 3. (c) Social Security No. 492-09-9628

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Baker. 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 7, 1882.
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Howe Scale Co.

12. Name William J. Baker.

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Dorsey.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Baker.

(b) Address 1414 Hamilton Ave.

17. (a) Burial (b) Date thereof 12-13-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. (a) DEC 12 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Hamilton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1940 hour 3 30 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept. 30 1940 to Dec. 10 1940

that I last saw him alive on Dec. 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus Duration 6 Mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury /

23. Signature Dr. W. O. White (M. D. or other) M.D.

Address 1194 N. Harrison St. Date signed 12-11-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. H.

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 this body is not embalmed, above space should be left blank.