No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40639

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10419

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frisco Employes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 days (Specify whether
In this community 31 days
years, months or days)

3. (a) PRINT FULL NAME James ~~Edward~~ EVERETT Baker

3. (b) If veteran, name war None

3. (c) Social Security No. 702-07-2061

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 27, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Locomotive engr.

11. Industry or business Railroad

FATHER
12. Name E. W. Baker
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Addie Grove
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant son of deceased
(b) Address 772 E. Walnut, Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-40
(Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Av

19. (a) DEC 18 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 772 E Walnut, NR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1940 hour 1 minute 35A M.

21. I hereby certify that I attended the deceased from 11-16-40, 19__, to 12-18, 1940
that I last saw him alive on 12-17-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral calculi of kidneys & rt. ureter

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations same as above

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Wm. F. Macon Jr. (M. D. or other) MD
Address 4960 Laclede St. Louis, Mo. Date signed 12-18-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene

State File No.
Local Registrar's No. 10410

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of Jan., 1941, before me appears James E. Baker, Jr., who, upon his oath, states that the original record of ~~birth~~ death for James Everett Baker, ~~born~~ died Dec. 18, 1940, in the State of Missouri, and which was filed at St. Louis, Mo. on Dec. 18, 1940, should be corrected as follows:

Item No. 3 should read James Everett Baker
Instead of James Edward Baker

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James E. Baker Jr. Son
Relationship.

772 E. Walnut Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 24 day of Jan., 1941

My Commission expires Apr. 20, 1944 [illegible] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-19-40
I X22256

S-40639
1940