

DEPARTMENT OF COMMUNITY HEALTH

BUREAU OF VITAL RECORDS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32418

State File No. \_\_\_\_\_

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 160

1. PLACE OF DEATH:

- (a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Josephs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME William Thomas Baker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 2 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Commodity Clerk Social Security

11. Industry or business Office St. Charles, Mo

MOTHER FATHER { 12. Name Baker  
13. Birthplace \_\_\_\_\_  
14. Maiden name Elizabeth Grace  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Donald M. Kern  
(b) Address Foristell, Mo

17. (a) Burial (b) Date thereof 8 23 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Night City, Mo

18. (a) Signature of funeral director Marion Muesel  
(b) Address New Miller, Mo

19. (a) 8-20-41 (b) Lawrence B. Wheeler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Charles 092  
(c) City or town St. Charles 9  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Aug  
year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 19 1941 to Aug 20 1941  
that I last saw him alive on Aug 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute dilatation of heart  
Gen Art Sclerosis

Other conditions (Include pregnancy within 3 months of death) 4

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

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

33. Signature A P Erich Schaefer (Name for other) 0  
Address St Charles, Mo Date signed 8/31/41

MAY 26 1942

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 Marion Muschong

Licensed Embalmer No. 2461

P. O. Address New Melle

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.