

FILED FEB 24 1942

Registration District No. 784

Primary Registration District No. 105

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 Westgate
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 6 MONTHS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Westgate
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN CLARK BAKER

3. (b) If veteran, name war NO 3. (c) Social Security No. 324-07-2701

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Daisy Baker 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 30, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 12 hr. min.

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

10. Usual occupation Steamfitter

11. Industry or business plumber

12. Name William D. Baker
13. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Melvina Howard
15. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Baker
(b) Address 601 Westgate
17. (a) removal (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Alexander Lons
(b) Address 6175 Delmar Blvd.
19. (a) FEB 13 1942 (b) C. H. Mc Laren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Sept. 1 1941 to Feb 12 1942
that I last saw him alive on Feb. 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 6 mo.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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 ?
23. Signature J. J. Hennelly (M.D. or other) MD
Address 311 W. 1st Date signed 4/12/42

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

MOTHER FATHER

176
3
5

McL

AUG 11 1942

1110.4

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 *Jos. E. McCulloch*
Licensed Embalmer No. *21860*

P. O. Address *6175 Pellmar*
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 this body is not embalmed, fact should be so stated above.

1110.4