S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 704

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 7760

Registrar's No. 531

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 9/23/41 (Specify whether years, months or days)

In this community: Since 9/23/41.

2. USUAL RESIDENCE OF DEACESED:

(a) State: Illinois (b) County: 999

(c) City or town: Greenville 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 412 West Spring Street 0
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country: - 21

3. (a) PRINT FULL NAME: Homer W. Baker

3. (b) If veteran, name war: World War 1918

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Katherine

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

7. Birth date of deceased: November (Month) 22, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	15	hr. min.

9. Birthplace: Woburn, (City, town, or county) / Illinois. (State or foreign country)

10. Usual occupation: Jeweler.

11. Industry or business: -

12. Name (Father): George C. Baker

13. Birthplace (Father): (City, town, or county) / Tennessee (State or foreign country)

14. Maiden name (Mother): Elizabeth Garet

15. Birthplace (Mother): (City, town, or county) / Tennessee (State or foreign country)

16. (a) Informant: M. Schulke

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenville, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) MAR - 9 1942 (Date received by local registrar) (b) C. G. McLaren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th, year 1942 hour 1:25 minute a. M.

21. I hereby certify that I attended the deceased from September 23, 1941 to March 7, 1942 that I last saw him alive on March 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis, chronic, with uremia and generalized anasarca.	Unkn.
Due to: -	
Due to: -	
Other conditions: None. (Include pregnancy within 3 months of death)	
Major findings: Of operations: -	
Of autopsy: No 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): no

(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: L. M. COCHRAN, M.D., (M. D. or other)

Address: Chief Medical Officer. Date signed 3/7/42.

107 (Licensed Embalmer) Statement on Reverse Side)

NOV 9 1942

OCT 29 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 J. J. Sullivan

Licensed Embalmer No. 1722.

P. O. Address 4704 Washington

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.