

FILED MAR 31 1942

Registration District No. 1842

Primary Registration District No. 200

Registrar's No. 627

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

600

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: O'Sullivan Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days)

In this community 6 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1506a N. 15th. St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW J. BAKER

3. (b) If veteran, name war No. 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 Julia 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 29 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Tie Inspector

11. Industry or business Railroad

12. Name Unknown

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

14. Maiden name "

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Baker
(b) Address 1506 a N. 15th. St.

17. (a) Burial (b) Date thereof 3 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Allen Kelly
(b) Address 1416 N. Taylor Ave.

19. (a) MAR 20 1942 (b) C. S. McElvaine
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1942 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from March 15 to March 16, 1942
that I last saw h.l.m. alive on March 15 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral, Colapso
Chrom. Arteriosclerosis

Due to: Chrom. Coronary Arteriosclerosis

Due to: Arter. Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature Wm. Salem (M. D. or other) 2
Address 732 Pleasant Rd. Date signed March 17/42

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

Clement McNeary

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.