

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

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

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 097

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

(d) Street No. 2100a So. 9 th. Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John T. Baker

3. (b) If veteran, name war No

3. (c) Social Security No. 495-14-4667a

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Loretta Baker

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

7. Birth date of deceased: March 18 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Paper-Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Loretta Baker

(b) Address 2100a South Ninth Street

17. (a) Burial (b) Date thereof 7/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Walter Helderbach

(b) Address 3634 Gravois Ave.

19. (a) JUL 13 1942 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12, year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from July 7, 1942 to July 12, 1942; that I last saw him alive on July 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
bronchopneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) None

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? 0

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature Walter Helderbach (M. D. or D. O.)

Address 1515 Lafayette Avenue Date signed 7/13/42

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

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.....

Frank J. Ireland

Licensed Embalmer No.

29645

P. O. Address.....

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.