7. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8057

Registrar's No. 2430

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:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 25

(c) City or town St. Louis, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 N. 11th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter R. Baker

3. (b) If veteran, name war Hosp. Corps

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 9, 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 29 If less than one day hr. min.

9. Birthplace E. St. Louis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robt. Baker
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Allie Ripley
15. Birthplace E. St. Louis (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Leontine Baker
(b) Address 1405 N. 11th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks, Mo.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) MAR 14 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 20, 1943 to March 8, 1943; that I last saw him alive on March 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Appendicitis (Post-operative)	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. R. Williams (M. D. or other)
Address 2600 Whittier Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Lockade Ave

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.