

X32873

FILED MAY 18 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4362

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 min.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES EVERETT BAKER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Virgie Baker 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 22, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 18 hr. min.

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

10. Usual occupation auto parts

11. Industry or business motor rebuilding

12. Name James Baker

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

14. Maiden name Anna Johnston
15. Birthplace Springfield Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virgie Baker

(b) Address Kimmswick Mo

17. (a) burial (b) Date thereof 5/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Alexander & Sons Inc.

(b) Address 6175 Delmar Blvd.

19. (a) MAY 11 1943 (b) J. F. Budeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50
(c) City or town Kimmswick
(If outside city or town limits, write "RURAL") NR0
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 13-1943
1943 to May 10 1943
that I last saw him alive on May 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary heart disease
(initial attack Oct 1943)

Due to.....

Other conditions Myocarditis, Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations g/s
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 Thomas C. P... 40 (M. D. or other)
Address 4660 Maryland Date signed 5/11/43

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

MOTHER FATHER

Dr. Birdsell

Maryland + Euclid
till 11 A.M.

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.....

Thomas R. Renwick

Licensed Embalmer No.

3793

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.