

5. No. 2
2-43
FILED
57
X 5089

JUL 10 1948 317

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1529

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
27 IOLA DR. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 14 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES 95
(If outside city or town limits, write "RURAL")

(d) Street No. 27 IOLA DR.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY EVALYN BAKER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES D BAKER

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

7. Birth date of deceased JULY-3-1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 - - - - hr. - min.

9. Birthplace BOND Co. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM C.H. SMITH

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

14. Maiden name NANCY LAUGHLIN

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

16. (a) Informant Chas L Baker

(b) Address 3418 MARCUS, ST LOUIS

17. (a) BURIAL (b) Date thereof JULY-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROCKER MO

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) JUL 6 1948 (b) C. J. McGinnis MO
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 43 hour 77 minute 15 P.M.

21. I hereby certify that I attended the deceased from March
2nd, 1943, to July 3, 1943,
that I last saw her alive on July 3, 1943
and that death occurred on the date and hour stated above

Immediate cause of death Bronchial Pneumonia Duration 4d
Pneumonia

Due to Myocardial Infarction ?

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 930

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)

Means of injury 0

23. Signature Carl G. Schickel MO (M. D. or other)

Address Webster Groves Mo Date signed 7-5-43

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

6
7
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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 B. G. Aldrich

Licensed Embalmer No. 1932

P. O. Address Webster Groves

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.