

U. S. No. 2  
FORM—2-43  
Rev. 5-17-39  
P-1 X3557

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22758

State File No. \_\_\_\_\_

FILED JUL 31 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6659

1. PLACE OF DEATH:

(a) County ST LOUIS MO.

(b) City or town ST LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2411 DICKSON ST 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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
17

(c) City or town ST LOUIS 921  
(If outside city or town limits, write "RURAL")

(d) Street No. 2411 DICKSON ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME ELECTORIA L. BAKER

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 13 21 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days L If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation POULTRY

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 Louis Horton  
(b) Address 2411 Dickson St

17. (a) Burial (b) Date thereof 7 24 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallerwood Ctr

18. (a) Signature of funeral director A. F. Walton  
(b) Address 2707 Standard St

19. (a) JUL 23 1943 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 43 hour 10 minute 15 A. M.

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

Immediate cause of death apoplexy (cerebral) 1 day

Due to Hypertension

Due to \_\_\_\_\_

Other conditions Y.N.  
(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 W. J. Young (M. D. or other) \_\_\_\_\_  
Address 2316 Empark Date signed 7/24/43

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

JUL 8 1958

**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 James A. [Signature]

Licensed Embalmer No. 3522

P. O. Address .....

**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.**