

FILED NOV 10 1943 318

Registration District No.

Primary Registration District No.

1003

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

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:
BARNES HOSPITAL
(If not in hospital or institution, with street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dr. Harry Baker

3. (b) If veteran, name war N11 3. (c) Social Security No. N11

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Baker 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 8, 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business

MOTHER FATHER { 12. Name John L. Baker
13. Birthplace Jackson Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Dora Abney
15. Birthplace Galatia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Baker

(b) Address Caruthersville, Missouri

17. (a) Removal (b) Date thereof 11/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) NOV 1 1943 (b) J. J. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
year 43 hour 1:10 minute 2 A. M.

21. I hereby certify that I attended the deceased from 8
3, 1943, to 11 - 1, 1943

that I last saw him alive on 11 - 1, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction with decompensation

Due to Cerebral embolism and thrombosis

Due to _____

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

Major findings: Of operations _____

Of autopsy same

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 Dr. M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 11/1/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 17 1948

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

Albert G. Kopp

Licensed Embalmer No. 2971

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.