

FILED NOV 18 1943 18

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town _____
(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution **2 Days**
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **1441 N. Market St.**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Charles Baker**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nettie Baker** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **May 28 1870**

8. AGE: Years **73** Months **5** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Ind. I**

10. Usual occupation **Painter**

11. Industry or business _____

12. Name **Joseph Baker**

13. Birthplace **Ind. I**

14. Maiden name **Narinda Wilson**

15. Birthplace **Ind. I**

16. (a) Informant **John H. Baker**

(b) Address **1441 N. Market St.**

17. (a) **Burial** (b) Date thereof **11-8-43**

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **NOV 6, 1943 233 St. Louis Ave**

19. (a) _____ (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4**
year **1943** hour **8:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **November 3, 1943** to **November 4, 1943**
that I last saw him alive on **November 4, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate**

Due to _____

Due to _____

Other conditions: **51**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Refused**

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 **Fred U. Jankov** (M. D. or other) **M.D.**
Address **1515 Lafayette Avenue** Date signed **11/5/43**

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

1917

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 Henry L. Pond
Licensed Embalmer No. 3367
P. O. Address 3223 St. Louis 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.