

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39475**  
Registrar's No. **11018**

Registration District No. **318** Primary Registration District No. **1003**

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:  
Missouri Baptist Hospital  
(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  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3639 Juniata St. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John G. Baker  
3. (b) If veteran, name war No  
3. (c) Social Security No. 489-12-4677

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Belle Baker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 6, 1871.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 2 6 hr. min.

9. Birthplace Charleston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Conductor

11. Industry or business Street Railway

12. Name Frank Baker

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Small

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

16. (a) Informant Mrs. Justine H. Berra

(b) Address 6394 Smiley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1943.  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 13 1943 (Date received local registrar)  
J. T. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th,  
year 1943 hour 12:12 minute P. M.

21. I hereby certify that I attended the deceased from 12/10 1943 to 12/12 1943  
that I last saw in alive on 12/12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to Ch. Bronchitis ?

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

Other conditions 10/17  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. L. Mulliken (M. D. or other) MD  
Address 2608 S. Humphreys Date signed 12/13/43

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

MOTHER FATHER

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

1908 P. P. Kingbury  
9-1-08  
Lawrence

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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 John A. Melnar.....

Licensed Embalmer No. 4186.....

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.**