

FILED JUL 15 1944 8

Primary Registration District No.

1003

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community..... Since Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5656 Wabada Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Howard John Baker

3. (b) If veteran, name war World II 3. (c) Social Security No. 489-10-9275

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

6. (b) Name of husband or wife Betty J. Weeke 6. (c) Age of husband or wife if alive 22 Yrs Years

7. Birth date of deceased July 20, 1914
(Month) (Day) (Year)

8. AGE: 29 Years 30 Months 11 Days 10 If less than one day hr. min

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

10. Usual occupation Service Station

11. Industry or business Proprietor

12. Name John Baker

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

14. Maiden name Mary Fuchs

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

16. (a) Informant Mrs. Betty J. Baker

(b) Address 5656 Wabada Avenue

17. (a) Burial (b) Date thereof 7/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) (Date received local registrar) JUL 3 1944 (b) J. F. Bredeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 75 year 1944 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death 1st & 2nd Degree Burns of 65 % of the body when attempting to blow air through a gasoline tank. Due to causing same to spray over a hot electric motor of a soda box at his filling station 5680 Waterman Ave. around 10:35 P.M. June 14, 1944.

Other conditions causing an explosion. No damage to building; \$10.00 damage to Packard Sedan on which he was

Major findings: Of operations to soda box and \$15.00

Of autopsy working

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 14, 1944

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

In Industrial Place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address St. Louis Date signed 7/3/44

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 *Gustav W. Deetle*

Licensed Embalmer No. *4379*

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.