

FILED OCT 13 1944

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 8498

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME LURA BAKER.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 9th 1874
(Month) (Day) (Year)

8. AGE: - Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>26</u>	hr. min.

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

10. Usual occupation School Teacher

11. Industry or business Rose Fanning School.

MOTHER FATHER

12. Name F. R. Baker.

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

14. Maiden name Susan Lammore.

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

16. (a) Informant Mrs. Overitt Miller.

(b) Address 405 W. Swan, Webster Groves.

17. (a) Removal (b) Date thereof 10/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) OCT 5 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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. 6328 Washington Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
 year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from January 6, 1943 to Oct 5, 1944
 that I last saw her alive on Oct 5, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to Hypertension

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Wm. Beck (M. D. or other) _____

Address 3720 Washington Date signed 10-5-44

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

3720 Washington Blvd.
JE-8498
Hrs. 11 to 1:30 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address H. Lewis, Md.

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.