

FILED SEP 30 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
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. 4412A N. 19th St.
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oliver Baker

3. (b) If veteran, name war No
3. (c) Social Security No. 499-01-7720

4. Sex Male 5. Color or race White
6. (a) ~~Single, widowed, married, divorced~~ Married
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 28, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER

12. Name John Baker
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alwyn Steinnerd
(b) Address 4412A N. 19th St.

17. (a) Burial (b) Date thereof 9/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Pickers Cemetery
Paschedag-Henke Fun.
18. (a) Signature of funeral director 2825 N. Grand Blvd.
(b) Address _____

19. (a) SEP 21 1944 (b) J. P. Redesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1944 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from 9/16/44
1944 to Sept. 19th 1944
that I last saw h. im alive on Sept. 19th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to _____
Due to _____
Other conditions 8/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Not done
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? _____

Home _____ (Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Frank J. ... (M. D. or other) M.D.
Address 1515 Lafayette Date signed 9/20/44

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

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..... *B. W. Wilkinson*
Licensed Embalmer No..... *3570*
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.