

FILED NOV 22 1944
Registration District No. 518

Primary Registration District No. 1007

Registrar's No. 9621

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(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. 3218 Lafayette 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 November day 11th
year 1944 hour 6:45 minute P M.
21. I hereby certify that I attended the deceased from 11-7, 1944, to Nov 11, 1944
that I last saw him alive on 11-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio sclerotic heart disease
Due to Coronary artery atherosclerosis
Due to _____
Other conditions: none
(Include pregnancy within 3 months of death)

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

Major findings: none
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 John H. Stearns M. D. or other _____
Address 1634 N. Grand Date signed 11/13/44

3. (a) PRINT FULL NAME

Pierce Baker

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-10-7841

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

6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 1st 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Welder Helper

11. Industry or business Public Service Company

12. Name Mathew Baker

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

14. Maiden name Mary Grelling

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

16. (a) Informant Mary Baker Wife

(b) Address 3217 Lafayette

17. (a) Burial (b) Date thereof Nov 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Bros

(b) Address 3029 Lafayette Ave

19. (a) NOV 13 1944 J. F. Bradach
(Date received local registrar) (Registrar's signature)

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

JR John Hammond
MA 5080

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..... *Frank J. Durne*.....

Licensed Embalmer No. *7245*.....

P. O. Address..... *Johnston*.....

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.