

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7057  
State File No. \_\_\_\_\_

FILED MAR 5 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 565

1. PLACE OF DEATH:

(c) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence; # 10417 Lackland Road.  
(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 \_\_\_\_\_  
Major.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland 96  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 10417 Lackland Road. 10  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wallace Fairchild Baker

3. (b) If veteran, name war WW#1 3. (c) Social Security No. Nonw

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

6. (b) Name of husband or wife Helen Love Rowley Baker 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased DEC 25 1888  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	2	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business U.S. Army Major

MOTHER FATHER

12. Name Corp. John Pope Baker

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

14. Maiden name Mary Todd Wallace

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

16. (a) Informant John Pope Baker

(b) Address 10417 Lackland Rd.

17. (a) Burial (b) Date thereof 3/1/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ok Grove Cemetery

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

(b) Address 7233 Delmar Blvd.

19. (a) FEB 28 1945 (b) Dr. E. H. McHarran  
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th  
year 1945 hour 3:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Feb 27  
\_\_\_\_\_ 1945 to Feb 27 1945  
that I last saw him alive on Feb 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations 94a  
Of autopsy \_\_\_\_\_

Duration  
1 day

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 John O'Connell (M.D. or other)  
Address 110300 Lackland Rd Date signed 2/27/45

(14) Dr. Louis E. Co. M.D.

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

96  
13  
1

Dr. John O. Connell  
10800 Rockland Rd  
Mt. - 0110  
2 to 4 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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City, 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.**