

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

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:  
2320 South Grand Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
in this community Not Stated  
years, months or days)

3. (a) PRINT FULL NAME George Baker

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

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

6. (b) Name of husband or wife Antonia 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: May 5 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation City Power House

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Baker

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hoffmann

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Antonia Baker

(b) Address 2207 Arsenal St.

17. (a) Cremation (b) Date thereof 9/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Jacob Helmer

(b) Address 3634 Gravois Ave (16)

19. (a) SEP 14 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2320 So. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 th. year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 1944 to September 17 1945 that I last saw him alive on Sept. 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolism Duration 1 day

Due to Myocarditis Ch. 6 mos.

Due to Sinus Arrhythmia 4 mos.

Other conditions Endocarditis Mitral 6 mos.  
(Include pregnancy within 3 months of death)

Major findings: None Of operations \_\_\_\_\_ Of autopsy None

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) NO

(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) (b) Means of injury \_\_\_\_\_

23. Signature Jacob Helmer (M. D. or other) MD  
Address 2717 Gravois Date signed 9-12-45

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..... *Frank J. Highland*

Licensed Embalmer No. *2675*

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.**