. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31655

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8952

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: 1801 S. 9th Street
(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 or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 S. 9th Street 239
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ~~ROBERT BACA~~ Richard Martin Baca

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

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 August 24th, 1945
(Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name William L. Baca

13. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Ethel Alderson

15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant William L. Baca

(b) Address 1801 S. 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Wm C. Mordell

(b) Address 1926 Allen Avenue

19. (a) OCT 17 1945 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1945 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 161

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callaway (M.D. or other)

Address Coroner Date signed Oct 17-45

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P.O. Address 1926 Allen

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St.Louis }

State File No.
Local Registrar's No. 8952

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of November, 1945, before me appears Wm.L.Baca, who, upon his oath, states that the original record of ~~xxxx~~ death for Richard Baca, died ~~xxxx~~ Oct. 16th, 1945 in the State of Missouri, and which was filed at St.Louis, Missouri on Oct.17th, 1945, should be corrected as follows:

Item No. 3a should read Richard Martin Baca
Instead of Robert Baca
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

NOV 9 1945

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William L. Baca
Relationship.

1801 So 9th Street
Present Address.

Subscribed and sworn to before me this 8th day of November, 1945

My Commission expires My Commission Expires September 22nd, 1946 George Svoboda Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
1 X36667

Myrtle Breidert