

FILED NOV 13 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 160

Primary Registration District No. 5592

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL JOACHIM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA H BAKER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased OCT 14 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 20 hr. min.

9. Birthplace HERCULANEUM MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOUSE WORK

12. Name CHARLES A. BARKIN

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

14. Maiden name SARAH A. LEWIS

15. Birthplace HERCULANEUM MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Mc NUTT

(b) Address 5621 NIVERVA ST LOUIS, MO

17. (a) BURIAL (b) Date thereof OCT 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAKER CEMETERY

18. (a) Signature of funeral director HEWITAG FUNERAL HOME

(b) Address KIMMSWICK MO RR2

19. (a) OCT 7, 1945 (b) Virginia Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR PEVELY 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Oct day 4 year 1945 hour 5 minute Pm

21. I hereby certify that I attended the deceased from August 1944 to Oct 4 19 45
that I last saw her alive on Sept 5 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cor Myocarditis
Due to Infinite old age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO

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 Othmar E. Lunn (M. D. or other) MD

Address Barnhart mo Date signed Oct 5, 45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-10-45

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 _____

Licensed Embalmer No. 3571

P. O. Address Kimmanick, MD

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.