

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7213

State File No. _____

FILED MAR 31 1946

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1854

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/27/45 to
LIFE 2/23/46 (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL") 2477
(d) Street No. 5000 S. BROADWAY
(If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 7
If yes, name country _____

3. (a) PRINT FULL NAME FLORINE V 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 HOLLAND W. BAKER 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: MAR 29, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 24 If less than one day hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name JOHN B. VINCENT VIMONT

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

14. Maiden name MOLLIE BOYDONT

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) burial (b) Date thereof 2-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Alexander & Sons, Inc.

(b) Address 6175 Delmar Blvd. St. Louis

19. (a) FEB 25 1946 (Date received local registrar) J. F. Bredest (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB, day 23
year 1946 hour 2 minute _____ P. M.
21. I hereby certify that I attended the deceased from 12/27
1945, 19 _____, to 2/23 19 46
that I last saw her alive on 2/23, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypostatic pneumonia

Due to Hemiplegia, right

Due to Cerebral accident

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature John E. Helm (M. D. or other) MD
Address Isolation Hosp (Specify type of place) _____
(e) Means of injury _____
Date signed 23 Feb 46

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

6193

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.....

jos. E Mc Culloch

Licensed Embalmer No. 2460

P. O. Address. 6175 Palmdale

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.