S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24837

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1600

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ---------- /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 904 Truesdale 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Spencer Baker

3. (b) If veteran, name war nill

3. (c) Social Security No. nill

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, 2 divorced decease

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased 10 (Month) 29 (Day) 1863 (Year)

8. AGE: Years 82 Months 8 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Canton (City, town, or county) Miss. (State or foreign country) /

10. Usual occupation nill

11. Industry or business

FATHER
12. Name Joseph Baker 9
13. Birthplace unkown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Wilson
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Savanna Davis
(b) Address 904 Truesdale

17. (a) buriel (Burial, cremation, or removal) (b) Date thereof 8 / 1 / 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Ceme.

18. (a) Signature of funeral director J C Lewis
(b) Address 22 Euclid Webster Groves

19. (a) 8-1-46 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) 98

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 6 minute 35 p.M.

21. I hereby certify that I attended the deceased from June 1, 1946 to July 28, 1946
that I last saw him alive on July 25, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs
Due to 93-d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C E Barnett M.D. (M. D. or other)
Address 2 4 S W Jefferson Kirkwood Mo Date signed 7-31-46

909

(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 J. C. Lewis

Licensed Embalmer No. 2077

P. O. Address Webster Groves

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.