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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42105

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10700

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: 3033A FRANKLIN AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town St Louis 2177
(If outside city or town limits, write "RURAL")

(d) Street No. 3033A FRANKLIN AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSIE BAKER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife JAMES BAKER

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

7. Birth date of deceased JAN (Month) 15 (Day) 1889 (Year)

8. AGE: Years 57 Months 10 Days 24 If less than one day hr. min.

9. Birthplace MARKS (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name JESSE Outlaw
13. Birthplace ? (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name CLASSIE ?
15. Birthplace ? (City, town, or county) Miss. (State or foreign country)

16. (a) Informant THEO BAKER
(b) Address 2926 LUCAS AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis FUNERAL HOME
(b) Address 2820 Hadd Ard St

DEC 14 1946

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from JULY, 1946, to DEC. 9th, 1946
that I last saw her alive on DEC. 9th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CONGESTIVE FAILURE

Due to HYPERTENSIVE CARDIAC DISEASE

Due to

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

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 C. H. Beene M.D. (M. D. or other)

Address 2195 N. Jefferson Ave Date signed 12/10/46

(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 L Boykin, Registered Apprentice No. JM, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 6-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.