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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14821  
Registrar's No. 4413

FILED MAY 9 1947 218  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County at HOME  
(b) City or town at HOME  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at HOME 1419 Blair or 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days) 10 years

3. (a) PRINT FULL NAME WILKIE E. BAKER

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife BAKER Florence 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased 10-11-1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 06 Days 14 If less than one day hr. min.

9. Birthplace Wapakoneta, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation pastoring

11. Industry or business Minister

12. Name Wilkie

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

14. Maiden name Wilkie

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

16. (a) Informant W. W. Petty

(b) Address 1419 Blair

17. (a) burial (b) Date thereof 5-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wapakoneta

18. (c) Signature of funeral director W. W. Petty

(b) Address 2812 East

19. (a) MAY 1 1947 (Date received for registration) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Waco  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1419 Blair  
(If rural, give location) ave  
(e) Citizen of foreign country? (Yes or No) 9  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 25, day year 1947 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 19, 1947 to April 25, 1947.  
that I last saw him alive on April 24, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thromboses

Due to unknown

Due to 83

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?

While at work? (Specify type of place) (e) Means of injury

3. Signature L. J. Bruts (M. D. or other)

Address 2746 Franklin Date signed 4/26/47

**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

*Theodore J. Gaudell*

Licensed Embalmer No. *4243*

P. O. Address. *927 N. Elm St.  
Detroit, Mich. 48201*

**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.**