S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39401

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10572

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

**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: Firmin Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (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 (If outside city or town limits, write "RURAL") 17

(d) Street No. 4806a Washington Blv'd., (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FREDERICK EDWARD BAKER

3. (b) If veteran, name war none

3. (c) Social Security No. 486-20-1959

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 18 (Day) 1866 (Year)

8. AGE: Years 81 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Tool Maker

11. Industry or business

FATHER
12. Name Nathan Taylor Baker
13. Birthplace Washington County New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Helen Pieper
15. Birthplace Menslage - Hanover Prou - Germany (City, town, or county) (State or foreign country)

16. (a) Informant Carrie O. Baker
(b) Address 6600 Washington Blv'd., U. City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Mount Cemetery Belleville, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City, Mo.

19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month nov. day 16 year 1947 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from 11-13-47, 19, to 11-16, 1947; that I last saw him alive on 11-15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 24hr.

Due to A R Ateriosclerosis — ?

Due to

Other conditions none — (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury 0

23. Signature James B Stubbs (M. D. or other) MD

Address 1B 25 S. Grand Date signed 11-17-47

Via Motor

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. James B. Stubbs.
1325 So. Grand.
GR 7600
1:30 - 3

2816 Cotton Ave
Ht 6525
2-4

## 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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.**