S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2234

Registrar's No. 9

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: 5239 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 510
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5239 Cabanne Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME David L. Baker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Baker
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 31 (Day) 1885 (Year)

8. AGE: Years 62 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Penn. (City, town, or county) (State or foreign country)
10. Usual occupation Teacher
11. Industry or business Roosevelt High School
FATHER
12. Name David H. Baker
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lucy Baker
(b) Address 5239 Cabanne Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 2 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 26, 1947, to Jan. 2, 1948, that I last saw him alive on Jan. 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	
Coronary occlusion	
Due to: Acute myocardial infarction	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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)
(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 Edward Nelburg (M. D. or other) MD
Address 3903 Olive St. Louis 8 Mo Date signed 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 19[illegible]

3903 Olive St.,
1 to 3

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.....Warren A. Carver

Licensed Embalmer No.....3534

P. O. Address.....

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.