

No. 300
-10-47
5-17-39
P 1 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13837**
Registrar's No. **4126**

Registration District No. **318**

Primary Registration District No. **1003**

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:
4052 Penrose /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3: (a) PRINT FULL NAME **Harry Joe Baker**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
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 **December 11 1927**
(Month) (Day) (Year)

8. AGE: Years **20** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **Centerville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business.....

12. Name **Harry Baker**
13. Birthplace **Centerville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Dessie Westhafer**
15. Birthplace **Ellington Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Baker**
(b) Address **4052 Penrose**

17. (a) **Burial** (b) Date thereof **5/3/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Centerville, Missouri**

18. (a) Signature of funeral director **Provost Und. Co.**
(b) Address **3710 N. Grand Blvd.**

19. (a) **MAY 1 1948** (b) **J. F. Breddeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4052 Penrose**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **30**
year **1948** hour **11** minute **15** A.M.
21. I hereby certify that I attended the deceased from **Pilgrimage**
19 **45** to **April 30 1948**
that I last saw him alive on **April 30**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
embolus cordialis
Due to **Arterio Sclerosis**
Due to.....

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?

23. Signature **William Ross** (M. D. or other)
Address **1918 9th St. Grand** Date signed.....
(Specify type of place) While at work? (e) Means of injury.....

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

MOTHER FATHER

10. F. 40
9-10

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 Albert Mayfield

Licensed Embalmer No. 3077

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.