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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20630

FILED JUL 15 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 6093

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: ~~4222 W. Easton~~ Route Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 19 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4222 W. Easton (If rural, give location) 9

(e) Citizen of foreign country? no. (Yes or No) 11

If yes, name country

3. (a) PRINT FULL NAME James R. Baker

3. (b) If veteran, name war World War II

3. (c) Social Security No. 498-12-7864

4. Sex Male

5. Color or race Negro

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 March (Month) 24 (Day) 1924 (Year)

8. AGE: Years 24 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Shawnee Town ILL. (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Lewis Baker
13. Birthplace Shawnee Town ILL. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Johnson
15. Birthplace Shawnee Town ILL. (City, town, or county) (State or foreign country)

16. (a) Informant Frances Baker

(b) Address 4222 W. Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Manuel

(b) Address 4059 Finney Ave.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1948 hour 4.45 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Cause unknown)

Due to Simple

Due to

Other conditions (Include pregnancy within 3 months of death) 81a

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature Patrick Claylor Dep C (MD or other)

Address 1300 Clark Date signed 7-9-48

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

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....W. Claude Gordon

Licensed Embalmer No.....13489

P. O. Address.....4575 Oldin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.