

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24079

Primary Registration District No. 1003

Registrar's No.

6848

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
926 a N. 21st Street
 (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 8 years

3. (a) PRINT FULL NAME Albert Baker3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Azelia Baker
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased September 5 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 28 _____ hr. _____ min.

9. Birthplace unknown Alabama
 (City, town, or county) (State or foreign country)

10. Usual occupation Coal-yard helper11. Industry or business unemployed12. Name unknown13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Azelia Baker(b) Address 926a N. 21st Street17. (a) Burial (b) Date thereof 8-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cem.18. (a) Signature of funeral director Ellis Funeral Home(b) Address 2820 Stoddard St.19. (a) AUG 4 1948 (b) J. T. Eder
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 926 a N. 21st Street.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 rd
 year 1948 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 20th, 1947 to August 3rd, 1948
 that I last saw him alive on 8-3-48 and that death occurred on the date and hour stated above.
 Immediate cause of death myocarditis, Chl

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: NONE

Of operations _____

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? NO

(d) Did injury occur in or about home, in industrial place, in public place?

(Specify type of place)

While at work? _____ (e) Means of injury 023. Signature J. T. Eder (M. D. or other)Address 1920 St. Franklin Date signed 8-7-48

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.....*Fulton E. Culkin*.....

Licensed Embalmer No. *4198*.....

P. O. Address.....*St. Louis*.....

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.