

FILED SEP 7 1948

Registration District No. **318**

Primary Registration District No. **1005**

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: **Homer G Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 days**
(Specify whether
In this community **50 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Addie Baker**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **F** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Norman Baker** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **about 81** Months Days If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **—**

12. Name **Unknown**

13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maynard Higgins**

(b) Address **3205 1/2 E. 12th**

17. (a) **Burial** (b) Date thereof **Aug 29, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation **Wash. Nat. Cemetery, Wash.**

18. (a) Signature of funeral director **A. L. Baul**

(b) Address **2726 E. 12th Ave**

19. (a) **AUG 27 1948** (b) **J. F. Baker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County.....
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2206 Walnut**
22 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**
year **1948** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **July 15, 1948**, to **August 22, 1948**,
that I last saw him alive on **August 22, 1948**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** Duration **Unk**

Due to.....

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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature **J. F. Baker** (M. D. **—**)
Address **2601 N Whittier** Date signed **8-23-48**

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

Theodore J. Vandell
4243

Licensed Embalmer No.

P. O. Address. *14 N. Main St. Chicago, Ill.*

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.