

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9001

FILED OCT 28 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>25 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3204 Pine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3204 Pine St.</u>		d. STREET ADDRESS (If rural, give location) <u>3204 Pine St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernice</u> b. (Middle) _____ c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1925</u>
9. AGE (In years last birthday) <u>24</u>		10. UNDER 1 YEAR Months <u>5</u>	11. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Fanton York</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Josephine Dishmon</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Baker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Baker</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis;</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vegetative Endocarditis</u> DUE TO (c) <u>Cardiac Hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>930</u> (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR <u>H3H3</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Catharine E. Waylar, Car</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>10-19-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 22, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendorn</u>	
DATE REC'D BY LOCAL REG. <u>OCT 19 1949</u>		REGISTERAR'S SIGNATURE <u>J. B. Suster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendorn</u>		ADDRESS <u>4019 Washington</u>	

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *W. Smith*

Licensed Embalmer No. 4371

P. O. Address St. Louis, Mo.

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.