

FILED NOV 17 1950

CERTIFICATE OF DEATH

State File No. 38240

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9357

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		STREET ADDRESS (If rural, give location) 4232 Hartford St.	

3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Breese, Ill.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Herman J. Niehaus	13b. MOTHER'S MAIDEN NAME Elizabeth Aka	14. NAME OF HUSBAND OR WIFE Tom Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Tom Baker	ADDRESS 4232 Hartford St.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 7 days 4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis		
	ANTECEDENT CAUSES DUE TO (b) Unfavorable diet		
	DUE TO (c) Cholecystitis Chronic & Suppurative		
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 type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 585X
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22. I hereby certify that I attended the deceased from 12-10-1949, to 11-3-1950, that I last saw the deceased alive on 11-2-1950, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE Harry Reich M.D.	23b. ADDRESS 5241 S. Kingshighway	23c. DATE SIGNED 11-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. NOV 3 1950	REGISTRAR'S SIGNATURE Dr. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Erwin A. Mc Dermott

Signed.....  
Student Embalmer

Licensed Embalmer No. 3024

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.