

FILED NOV 17 1950
#116251

STANDARD CERTIFICATE OF DEATH

State File No. 38244

BIRTH NO. 8895-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9293

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.			c. LENGTH OF STAY (in this place)		b. COUNTY Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		229		
3. NAME OF DECEASED (Type or Print)			a. (First) SANDRA		b. (Middle) BABY MARIAN		
			c. (Last) BAKER		4. DATE OF DEATH Nov. 2nd, 1950		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED S		8. DATE OF BIRTH Mar. 4, 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 7		IF UNDER 1 YEAR Days 28	
11. BIRTHPLACE (State or foreign country) Brookfield, Missouri			12. CITIZEN OF WHAT COUNTRY? 0				
13a. FATHER'S NAME Hershell Baker			13b. MOTHER'S MAIDEN NAME Margaret Rushton		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hershell Baker			ADDRESS 1449 Chouteau Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Tetralogy of Fallot</u>			life	
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b)				
		DUE TO (c)				
		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"/>	
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)		
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 15 ft. 0		

22. I hereby certify that I attended the deceased from 10/29/50 to 11/2/50, 19, that I last saw the deceased alive on 11/2/50, 19, and that death occurred at 12:25 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Summ...</u>		(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-6-50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. NOV 6 1950		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		McLAUGHLIN		25. FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME, INC.		ADDRESS 2301 Lafayette Avenue	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8686

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.....

H. L. Parris

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address H. Lewis

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.