

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2834**

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

4000

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2059</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>6025 Etzell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETS ADMIN. HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD W.</b> b. (Middle) <b>BAKER</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>11-24-50</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-10-79</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>HERMAN BAKER</b>		13b. MOTHER'S MAIDEN NAME <b>MINNIE SHARDT</b>		14. NAME OF HUSBAND OR WIFE <b>ADELE BAKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES SPAW</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS</b>		ANTECEDENT CAUSES			442X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>			
		DUE TO (c) <b>Primary Atypical Pneumonia</b>			
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 <b>492X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from <b>11-22-50</b> at <b>VA</b> , to <b>11-24-50</b> , at <b>VA HOSPITAL, JEFF. BRKS., MO.</b> and that death occurred at <b>1:20A</b> m., from the causes and on the date stated above.					

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS., MO.</b>		23c. DATE SIGNED <b>11-24-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>11-25-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Danke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CHAS. F. STUART &amp; SONS, St. Louis, Mo.</b> ADDRESS _____	
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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 Clement McNeary.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3732.....

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.