

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11074

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4464		Registrar's No. 777	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>OVERLAND</u>		423 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2623 R. WOODSON</u>				d. STREET ADDRESS (If rural, give location) <u>2623 R. WOODSON</u>			
3. NAME OF DECEASED (Type or Print) <u>OSCAR BENNETT BAKER</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>21</u> (Year) <u>52</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG 25 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MOTORMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>		11. BIRTHPLACE (State or foreign country) <u>GOL CONDA ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH BAKER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>LILLIAN 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILLIAN BAKER 2623 WOODSON</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>Tubercular Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Senile conditions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from <u>Oct. 20, 1952</u> , to <u>Mar. 21, 1952</u> , that I last saw the deceased alive on <u>Mar. 21, 1952</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy A. Walker, Sr.</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Overland 14 Mo.</u>		23c. DATE SIGNED <u>3-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON</u>		24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL HILLEMANN 9709 ABERNETHY AND</u>			

(Licensed Embalmer's Statement on Reverse Side)

5W

WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____
Student Embalmer

Signed Earl Hillman

Licensed Embalmer No. 3501

P. O. Address Overland 14 Missouri

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.