

FILED JUN 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19156

State File No. ....

318

1003

5046

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY 2712
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 27 1110 N. 22nd Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Oliver	b. (Middle)	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) 5- 17- 1953
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5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH January 12, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad freight	11. BIRTHPLACE (State or foreign country) Forest City, Arkansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SANDREWS BAKER	13b. MOTHER'S MAIDEN NAME MATHILDA PYE	14. NAME OF HUSBAND OR WIFE Gertrude Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I	16. SOCIAL SECURITY NO. 702-14-6167	17. INFORMANT'S SIGNATURE OR NAME Gertrude Baker,	ADDRESS 1110 N. 22nd. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Cholecystitis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute biliary obstruction</i> DUE TO (c) <i>Calculus in Duodenum V&amp;V</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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? 584X
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22. I hereby certify that I attended the deceased from 5-15-53 to 5-17-53, that I last saw the deceased alive on 5-16-53, and that death occurred at 10:30 AM from the causes and on the date stated above.

23a. SIGNATURE <i>Paulo Brown MD</i>	(Degree or title)	23b. ADDRESS 1755 S. Grand	23c. DATE SIGNED 5/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-22-1953	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. MAY 19 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Baker & Son Funeral Home	ADDRESS 3201 N. Newstead Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1953

**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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

**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.