

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1953

State File No. 26107
Registrar's No. 6310

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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	
c. LENGTH OF STAY (In this place) 3 Yrs		d. STREET ADDRESS (If rural, give location) 10 4224A Holly Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4224A Holly Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Elmer c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) June 22 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH December 23 1871		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR: Months Days 11. IF UNDER 24 HRS.: Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Inter Shoe Co		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John B Baker		13b. MOTHER'S MAIDEN NAME Martha Dohrmann		14. NAME OF HUSBAND OR WIFE Alice Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 498-07-6321A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alice Baker 4224A Holly Ave	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) General arteriosclerosis DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 2 yrs - 5 yrs -
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"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 448 X	

22. I hereby certify that I attended the deceased from Jan 10 1946, to Jan 5 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Rastbury		23b. ADDRESS 10 2 4167 Lee Ave		23c. DATE SIGNED June 23, 1953	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/25/53		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 24 1953 Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

10. A.M. TO 12 NOON
6.P.M. to 8 P.M.

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 Ralph C. Linder

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.