No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27254

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1943

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Johns
c. LENGTH OF STAY (in this place): 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3516 Gordon Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. John
d. STREET ADDRESS (If rural, give location): 3516 Gordon Ave.

4221

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): D.
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): 7)11)53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15, ~~1892~~ 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Findings
11. BIRTHPLACE (City and State or Foreign Country): South Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Peter Baker
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Alice Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 496 30 5724
17. INFORMANT'S SIGNATURE OR NAME: Alice Baker — **ADDRESS**: 3516 Gordon 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): Coronary Thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Myocarditis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19~~48~~, *to* July 11, 1953, *that I last saw the deceased alive on* 25 June, 1953, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William G. Mullarky, M.D.
23b. ADDRESS: 8938 St. Charles Rd
23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 7)14)53
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 7-14-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Collier's Funeral Home — **ADDRESS**: 10123 St. Chas. Rd.

(Licensed Embalmer's Statement on Reverse Side)

Carl Lingelbach
July 23 1953

JUL 2 4 1980

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 27254

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 22nd day of July, 1953, before me appears Sheldon C. Collier, who, upon his oath, states that the original record of ~~birth~~ death for Edward D. Baker, ~~born~~ died July 11, 1953, in the State of Missouri, and which was filed at Clayton Mo on 13 July 1953, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 8 should read 1892

Instead of 1882

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sheldon C. Collier Funeral Director
Relationship.

10123 St. Charles Rd.
Present Address.

Subscribed and sworn to before me this 22nd day of July, 1953.

My Commission expires May 13, 1956 C. Virgil Manker Notary Public.

S. 460