

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25488

FILED AUG 11 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 531 Registrar's No. 1772

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u> | | c. LENGTH OF STAY (in this place) <u>29 days</u> | c. CITY OR TOWN <u>ST. LOUIS</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7277 Delmar</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) <u>Josephine Baker</u> | | a. (First) _____ b. (Middle) _____ c. (Last) <u>KELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1954</u> |

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>MAR. 25, 1872</u> | 9. AGE (in years last birthday) <u>82</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>JAMES BAKER</u> | 13b. MOTHER'S MAIDEN NAME <u>FANNY ELLIOT</u> | 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wainwright</u> | ADDRESS <u>T-2609 S Grand</u> |
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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 <u>one week</u> <u>many years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial damage -</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seizure</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4222</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from July 11, 1954, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 9:30 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Frances R. Rietclue M.D.</u> | 23b. ADDRESS <u>5233 Watson G.</u> | 23c. DATE SIGNED <u>7-21-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7/22/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/21/54</u> | REGISTRAR'S SIGNATURE <u>Heather R. Lambert</u> | FUNERAL DIRECTOR'S SIGNATURE <u>BRAIG</u> | ADDRESS <u>4700 WASHINGTON</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

L 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.....
Signature of Student Embalmer

Signed.....
E. J. Pennington

Licensed Embalmer No. *4211*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.