

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39634

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2288

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkley</u>		c. CITY OR TOWN <u>West Frankfort</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>704 N. Adams ave.</u> <u>812 8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION <u>Edgewood Retreat</u>			

3. NAME OF DECEASED a. (First) <u>BERT</u> b. (Middle) _____ c. (Last) <u>BAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-54</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>2-9-1884</u>	9. AGE (In years last birthday) <u>70</u>	IF ORDER IN YEARS: Months _____ Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dobbs</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</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. <u>B32-10-9197</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Union Funeral Home, W. Frankfort, Ill</u>	

18. NO 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c) <u>? Cardiac Asthma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with Cerebral Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	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 Oct 11, 1954 to Oct 22, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nathan Blackman, M.D.</u>	23b. ADDRESS <u>4500 Olive St. St. Louis</u>	23c. DATE SIGNED <u>10/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Frankfort, Ill.</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL OFFICE <u>10/14/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Amken</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Union F.H., West Frankfort, Ill.</u>
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. Allen Davis

Licensed Embalmer No. *46*

P. O. Address..... *St. L.*

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.