

FILED NOV 22 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39676

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2569

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Affton		c. CITY OR TOWN Affton 4820	
c. LENGTH OF STAY (in this place) 7 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9114 Lucia		STREET ADDRESS (If rural, give location) 9114 Lucia	

3. NAME OF DECEASED (Type or Print) a. (First) Brenton b. (Middle) B c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 1, 1885
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) Pleasantville, Ohio
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Pipe fitting Co.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W H Baker	13b. MOTHER'S MAIDEN NAME Kate E Dollison	14. NAME OF HUSBAND OR WIFE Alta 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) no	16. SOCIAL SECURITY NO. 273-03-1988	17. INFORMANT'S SIGNATURE OR NAME Alta Baker ADDRESS 9114 Lucia
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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, asthenia, 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) Multifocal Sclerosis		7 years
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		malnutrition	
Conditions contributing to the death but not related to the disease or condition causing death.		Influenza Terminal	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 345K	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Feb 8, 1949**, to **Nov 5, 1954**, that I last saw the deceased alive on **Nov 4, 1954**, and that death occurred at **10:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Fenton Peterson M.D. (Degree or title)	23b. ADDRESS Richmond Heights Mo	23c. DATE SIGNED Nov 5-54
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24a. BURIAL, CREMATION OR REMOVAL (Specify) Cremation	24b. DATE 11/6/54	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. 11/5/54	REGISTRAR'S SIGNATURE Harold S. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois
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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.....
C. P. Kidwell

Licensed Embalmer No. *38*

P. O. Address *7027 Gra*

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.