

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 - 1955

43416

State File No. \_\_\_\_\_  
Registrar's No. **11281**

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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Wellston</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hosp.</b>		STREET ADDRESS (If rural, give location) <b>6322 Ridge Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>William</b>			a. (First)	b. (Middle)	c. (Last) <b>Baker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 10 54</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>3/28/1896</b>		9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Poultry</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Bridgeston Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Thomas Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Grace</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Baker</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>***** 497 05 6176</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agatha Rodgers</b> ADDRESS <b>1410 Evergreen</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
	<p><i>Fracture of skull; Laceration of Brain, suffered when struck by auto driven by one Jack Rubin, in vicinity of Broadway and Brook by about 5:35 am. Dec 10, 1954</i></p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 10 54 5:35 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E8124</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above. **25**

23a. SIGNATURE (Degree or title) <b>Patrick Taylor Cosner</b>	23b. ADDRESS <b>1200 Clark</b>	23c. DATE SIGNED <b>12/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/13/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bridgeton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 11 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiament Ave.</b>
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S.P., (Licensed Embalmer's Statement on Reverse Side)

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..... *Alfred J. Boedeke*

Licensed Embalmer No. *266*

P. O. Address *1125 Hyde*

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.