

STANDARD CERTIFICATE OF DEATH

State File No. **9327**
Registrar's No. **1865**

FILED MAR 18 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **So. 23**

e. STREET ADDRESS (If rural, give location) **22 50th St 23rd 22nd**

3. NAME OF DECEASED (Type or Print) a. (First) **Elijah B Baker** b. (Middle) **Guy** c. (Last) **Williams**

4. DATE OF DEATH (Month) (Day) (Year) **2 11 55**

5. SEX **Male** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed**

8. DATE OF BIRTH **abt 1900 abt 55**

9. AGE (In years last birthday) **55** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **clerk**

10b. KIND OF BUSINESS OR INDUSTRY **clerk**

11. BIRTHPLACE (City and State or Foreign Country) **Miss.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **clerk**

13b. MOTHER'S MAIDEN NAME **clerk**

14. NAME OF HUSBAND OR WIFE **clerk**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) **clerk**

16. SOCIAL SECURITY NO. **clerk**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **E. C. Gray 1300 Clark**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES DUE TO (b) **Cerebral apoplexy**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **M.M.A.**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? **334X**

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE **James M Kelly** Registrar (Degree or title) ADDRESS **1300 Clark**

23c. DATE SIGNED **FEB 28 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **FEB 28 1955**

24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **FEB 28 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Rowland-Aker Mortuary Service**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.