

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

State File No. **35228**
Registrar's No. **8267**

FILED OCT 16 1956

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PRIMARY REG. DIST. NO. **1003**

REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3555 Sidney Street		e. STREET ADDRESS (If rural, give location) 3555 Sidney Street			
3. NAME OF DECEASED (Type or Print) CECIL		a. (First) HERBERT		b. (Middle) BAKER	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 27, 1887		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Health		11. BIRTHPLACE (City and State or Foreign Country) Altamont, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Baker		13b. MOTHER'S MAIDEN NAME Anna Hipshire	
14. NAME OF HUSBAND OR WIFE Mabel Graul Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. I	
17. INFORMANT'S SIGNATURE OR NAME Dr. Cecil G. Baker, Yankton, S. D.		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		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 8:19 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:55 m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Decker		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/7/56	
24a. BURIAL CREMATION, REMOVAL (Specify) removal		24b. DATE Sept. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.			
DATE REC'D BY LOCAL REG. SEP 7 1956		REGISTRAR'S SIGNATURE Carl Smith MD		ADDRESS	

WRITE PLAINLY—USING UNFAADING 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 Delix J. Krispin

Licensed Embalmer No. 349

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.