

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC 1440111 FILED DEC 31 1956 STANDARD CERTIFICATE OF DEATH

42648

R20639 SL 11957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11095**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Maplewood 4004	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS 2556 Florient (If outside, give location)	
Length of stay in 1b 17 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Frank L. Baker			4. DATE OF DEATH 12-3-56		
5. SEX Male			6. COLOR OR RACE white		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			8. DATE OF BIRTH 4-20-98		
9. AGE (In years last birthday) 58			10. KIND OF BUSINESS OR INDUSTRY Tavern		
11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Baker			14. MOTHER'S MAIDEN NAME Jennie Farrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. 702070024		
(If yrs. give war or dates of service) WWI			17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PERITONITIS -		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GASTROJEJUNOSTOMY	4 days
	DUE TO (c) CARCINOMA OF PANCREAS	Unknown
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) SYPHILITIC ANEURYSM OF AORTA		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. **VA** attended the deceased from **11-16-56** to **12-3-56** and last saw **him** alive on **12-3-56**
 Death occurred at **6:05 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin C. Neville (Degree or title)	22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12-4-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-6-56	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO
24. FUNERAL DIRECTOR JAY B. SMITH - MAPLEWOOD 17 MO		25. DATE RECD. BY LOCAL REG. DEC 4 1956	26. REGISTRAR'S SIGNATURE Paul Smith M.D.

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. P. Burgess

Licensed Embalmer No. 40

P. O. Address.....
Maple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.