

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5976

FILED FEB 25 1957

State File No. 1146  
Registrar's No. 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>35 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Stone Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>3625 Chippewa Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NELSON</b> b. (Middle) <b>GRANT</b> c. (Last) <b>BAKER</b>		4. DATE OF DEATH <b>Feb. 1, 1957</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr. 5, 1865</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>twist maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>tobacco</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Webster Co. Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Calvin Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Gibson</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha Annie Allen</b>		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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. H. Moncrieff, 2013 Stillwater Dr.</b>		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic heart disease</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 <b>July, 1956</b> , to <b>Feb</b> , 1957, that I last saw the deceased alive on <b>Jan</b> , 1957, and that death occurred at <b>5:45 Pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Arnold Splein MD</b>		23b. ADDRESS <b>2632 St. Kingsbury</b>		23c. DATE SIGNED <b>2-4-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 5, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>FEB 5 '57</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H. INC.</b>		ADDRESS <b>1936 St. Louis Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arnold or Bert Klein

2163280 Kungokigilany

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 David Russell

Licensed Embalmer No. 457

P. O. Address H. Lou

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.