

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015501  
STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **4347**

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST LOUIS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FIRMIN DESLOGE</b>		Length of stay in lb <b>2 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>3739 WESTMINSTER</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>C</b> Last <b>BAKER</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>19</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 15 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GOV</b>	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (City and state or country) <b>WINSON ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>JOSEPH C BAKER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY WAGNER</b>	
14. NAME OF HUSBAND OR WIFE <b>GRACE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	
16. SOCIAL SECURITY NO. <b>710-14-6184</b>		17. INFORMANT <b>Dorothy S. Noelscher</b> Address <b>3739 Westminister St. Louis 8, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary thrombosis</b> <b>arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b> <b>2 yln</b>
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.) <b>420.0</b>	
20c. TIME OF INJURY Hour _____ 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.) <b>Dec. 1957</b>		20f. CITY, TOWN, OR LOCATION <b>4-19-58</b>	
21. I attended the deceased from <b>Dec 1957</b> to <b>April 19 1958</b> and last saw her alive on <b>April 19 1958</b> Death occurred at <b>6:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		21c. DATE SIGNED <b>4-21-58</b>	
22a. SIGNATURE <b>Jas. C. Robinson M.D.</b>		22b. ADDRESS <b>950 Francis Clayton</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>4/23/58</b>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <b>MT HOPE</b>		23d. LOCATION (City, town, or county) (State) <b>BELLEVILLE ILL</b>	
24. FUNERAL DIRECTOR <b>ROBINS FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>4/21/58</b>	
26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b> <b>m.j.b.</b>			

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 *Frank Prokop* .....

Licensed Embalmer No. *4356* .....  
P. O. Address *St. Louis MO* .....

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.