

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019454

STATE FILE NUMBER
1968

FILED MAY 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1968

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) (HOSPITAL OR INSTITUTION) BARNES HOSPITAL		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) 3315^A HUMPHREY Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT L. BAKER			4. DATE OF DEATH Month Day Year MAY 8, 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production MANAGER		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL CONTAINER	11. BIRTHPLACE (City and state or country) MOSINEE WIS 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME FRANKLIN - BAKER	
13b. MOTHER'S MAIDEN NAME MYRA - J - FISHER		14. NAME OF HUSBAND OR WIFE BETTE. BAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-34-3000	17. INFORMANT Address BETTE. BAKER - 3315^A HUMPHREY
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGENITAL HEART DISEASE (PULMONARY STENOSIS AND INTERAURICULAR SEPTAL DEFECT) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 7543			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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. I attended the deceased from MAY 6, 1958 to MAY 8, 1958 and last saw her/him alive on MAY 8, 1958 Death occurred at 6:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. P. Vermillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-12-58	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR ADDRESS JAY - B - SMITH - MAPLEWOOD 17 MO		25. DATE RECD. BY LOCAL REG. MAY 10 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *H. L. Burgess*

Licensed Embalmer No. *4029*
P. O. Address *Maplewood, N.J.*

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.