

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006871

STATE FILE NUMBER

2 1944

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>WILLIAMSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HESTERIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIRMIN DESLOGE</u>		Length of stay in lb <u>24 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>1613 North 14th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle _____ Last <u>BAKER</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>23</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 7-1906</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINES</u>	11. BIRTHPLACE (City and state or country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>JAMES W BAKER</u>			14. MOTHER'S MAIDEN NAME <u>MARIEA EDWARDS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Name <u>Thomas Baker</u> Address <u>Kosin, Ill</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Renal Insufficiency</u> <u>obstructive</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>obliterated</u> DUE TO (c) <u>Bi-lateral Amputation lower limbs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetic Mellitus</u> <u>Traumatic blindness bilateral</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 days</u>
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.) <u>450.0</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>HESTERIN ILL</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>2/16/59</u> to <u>2/23/59</u> and last saw ^{her} _{him} alive on <u>2/23/59</u> Death occurred at <u>10:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. W. Kunkle M.D.</u>			22b. ADDRESS <u>3720 Washington Blvd</u>		22c. DATE SIGNED <u>2/24/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		23d. LOCATION (City, town, or county) (State) <u>HESTERIN ILL</u>
24. FUNERAL DIRECTOR <u>John A. Gornick</u>		ADDRESS <u>East St. Louis</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 24 '59</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

FILED MAR 10 1959

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S.D.O.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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 *John A. B. [Signature]*
Licensed Embalmer No. 354

P. O. Address

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.