

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 37 yrs.		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 2629 Iowa Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2629 Iowa Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles F. Baker				4. DATE OF DEATH Month Day Year July 26, 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/10/1893	9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man			10b. KIND OF BUSINESS OR INDUSTRY Oil Burners		11. BIRTHPLACE (City and state or country) Springdale, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Jake Baker			13b. MOTHER'S MAIDEN NAME Josephine Thomas			14. NAME OF HUSBAND OR WIFE Bertha		
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. 492-20-8155A		17. INFORMANT Address Bertha Baker, 2629 Iowa Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy (hemorrhage)							INTERVAL BETWEEN ONSET AND DEATH 4 mos	
DUE TO (b) Cerebral arteriosclerosis							years	
DUE TO (c) Generalized arteriosclerosis							years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year								
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. I attended the deceased from April 27, 1960 to July 26, 1960 and last saw him alive on July 25, 1960 Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Geo. A. Seib M.D. (Degree or title)				22b. ADDRESS 2323 Lafayette, St. Louis			22c. DATE SIGNED 7/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY St. Anthonys Cemetery		23d. LOCATION (City, town, or county) Sullivan, Mo.		(State)	
24. FUNERAL DIRECTOR Shaffer Funeral Home, Sullivan, Mo.				25. DATE RECD. BY LOCAL REG. JUL 27 1960		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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