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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i> | | c. CITY OR TOWN <i>St Louis</i> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP, #1</i> | | d. STREET ADDRESS (If outside, give location) <i>1802 Cole St</i> | |

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| 3. NAME OF DECEASED (Type or print) First <i>CARRIE</i> Middle Last <i>BAKER</i> | | | 4. DATE OF DEATH Month <i>11</i> Day <i>20</i> Year <i>60</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>negro</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>7.19.01</i> | 9. AGE (last birthday) <i>59</i> | IF UNDER 1 YEAR Months Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <i>Marianna Ark</i> | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i> | |
| 13a. FATHER'S NAME <i>Beulah Attorney</i> | | 13b. MOTHER'S MAIDEN NAME <i>Louise unknown</i> | | 14. NAME OF HUSBAND OR WIFE <i>Harry Baker</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <i>James Brown, Son, 1802 Cole St</i> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>18 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | <i>3311</i> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |
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| 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 <i>11-2-60</i> to <i>11-20-60</i> and last saw her/him alive on <i>11-20-60</i> Death occurred at <i>9:00</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |

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| 22a. SIGNATURE <i>Willy J. Weinstein, M.D.</i> | (Degree or title) | 22b. ADDRESS <i>1515 LAFAYETTE AVE.</i> | 22c. DATE SIGNED <i>11-20-60</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <i>11-28-1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson Kirkwood</i> | 23d. LOCATION (City, town, or county) (State) <i>St Louis Co. Mo.</i> |
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| 24. FUNERAL DIRECTOR <i>Thomas Jackson</i> | ADDRESS <i>2741 Dickson</i> | 25. DATE RECD. BY LOCAL REG. <i>NOV 26 1960</i> | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |
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STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Leroy E. Pen

Licensed Embalmer No. A5

P. O. Address AR 51

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