

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 127 STATE FILE NUMBER

**FILED JAN 11 1962**

1. PLACE OF DEATH  
a. COUNTY ---

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 yr 5 mo

c. CITY OR TOWN Pleasant Hill. Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Baldwin Lake Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Maude Middle Ethel Last Baker

4. DATE OF DEATH Month January Day 2 Year 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 10/10/80 9. AGE (last birthday) 81

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) None

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (City and state or country) England

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Richard Dearle Baker

13b. MOTHER'S MAIDEN NAME Ellen Gertrude Baker

14. NAME OF HUSBAND OR WIFE none

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. none

17. INFORMANT Address Masonic Home of Mo. 5351 Delmar Blvd. Carl S. Stein Assist. Supt.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY:

IMMEDIATE CAUSE (a) Acute coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Upper Respiratory infection 2 days

DUE TO (c) Generalized arteriosclerosis 420.1 unk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellatin 20 yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE

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 ---

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 7/17/58 to 1/2/62 and last saw her xxx alive on 1/2/62

Death occurred at 5:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters M.D. 22b. ADDRESS 3720 Washington St. Louis 22c. DATE SIGNED 1-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-5-62 23c. NAME OF CEMETERY OR CREMATORY --- 23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd. 25. DATE RECD. BY LOCAL REG. JAN 4 1962 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

JAN 18 1962

**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 Harvey Kahle

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 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.