MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035894

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9295

FILED OCT 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 3 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Madison

c. CITY OR TOWN: Collinsville — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 301 Bethel Road — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WALTER — Middle E. — Last BAKER

4. DATE OF DEATH: Month SEPTEMBER — Day 26 — Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-9-23

9. AGE (last birthday): 39 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Grain Mill

11. BIRTHPLACE (City and state or country): Denver, Tenn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert B. Baker

13b. MOTHER'S MAIDEN NAME: Annie Carr

14. NAME OF HUSBAND OR WIFE: Georgia Dressel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Georgia Baker, Address: 301 Bethel Road, Collinsville, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): MYOCARDIAL INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): AORTIC STENOSIS — 4 YEARS

DUE TO (c): RHEUMATIC FEVER 411 X — UNDETERMINED

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. ☐ 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 a.m. p.m. — 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 JULY 23, 1962, to SEPT. 26, 1962 and last saw her/him alive on SEPT. 26, 1962

Death occurred at 11:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. C. Vermillion, M. D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 9/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9-29-62

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: Herbert C. Lassky — ADDRESS: Collinsville, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 27 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 2803

P..O. Address Collinsville, Ill.

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.