

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JAN 12 1940

791

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town _____
 (c) Name of hospital or institution: Homer G Phillips Hospital
 (d) Length of stay: In hospital or institution 10 days
 In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St Louis
 (d) Street No. 116 S Rankin
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Dudley Baker
 8. (b) If veteran, name war _____ 8. (c) Social Security No. 260

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louise Baker 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased 4 - 12 - 1887

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri

10. Usual occupation Hospital orderly

11. Industry or business _____

MOTHER FATHER {
 12. Name Dudley Baker
 13. Birthplace Mo.
 14. Maiden name Unknown
 15. Birthplace Unknown

16. (a) Informant's own signature Louise Baker
 (b) Address 17 S Channing ave.

17. (a) Burial (b) Date thereof 12/17/39
 (c) Place: burial or cremation Wash. Pk. Cem.

18. (a) Signature of funeral director A. Russell Und. Co.
 (b) Address 2732 Pine Street

19. (a) DEC 17 1939 (b) J. B. Bredich

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 14
 year 1939 hour 1:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 5, 1939, to December 14, 1939;
 that I last saw him alive on December 14, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Gastric Ulcer Duration 9 days

Due to _____
 Due to _____
 Other conditions _____
 Major findings: _____
 Of operations _____
 Of autopsy Perforated Gastric Ulcer c Surgical Repair

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Richard Hackney
 Address 2601 N Whittier
 Date signed _____

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. *1492*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.