

92  
No. 2  
11-10-39  
5-1-39  
1-1-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13450

State File No.

3652

MAY 15 1940 791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Days  
(Specify whether  
In this community 25 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Henry Baker 260

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife NAK 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 10 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 10 hr. min.

9. Birthplace Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Baker

(b) Address 523 E. Espenschied st.

17. (a) Burial (b) Date thereof April 23, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew Cemetery

18. (a) Signature of funeral director O. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) APR 23 1940 (b) J. J. Bredbeck  
(Date of registration) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2335 Hickory st.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20,  
year 1940 hour 5:32 minute P. M.

21. I hereby certify that I attended the deceased from April  
6, 1940, to April 20, 1940,  
that I last saw him alive on April 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Prostate

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury!

23. Signature Robert D. Bunker (M. D. or other)  
Address 1515 Lafayette Date signed 4/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Harry J. Schumacher*

Licensed Embalmer No..... *2679*

P. O. Address..... *732 Lemay*

**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.**