

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

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22777  
Registrar's No. 1161

Registration District No. 784 Primary Registration District No. 103

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Fenton, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Yrs.  
In this community 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Fenton, Mo.  
(d) Street No. XXXXXX  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Virginia Anna Baker  
8. (b) If veteran, name war XX 8. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 16 year 1940 hour 3 minute 25 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Baker 6. (c) Age of husband or wife if alive 89 years  
7. Birth date of deceased April 13 1860

21. I hereby certify that I attended the deceased from March 17, 1940 to March 16, 1940  
that I last saw him alive on June 15, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 2 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion  
Due to Arterio Sclerosis

9. Birthplace Fenton Missouri  
10. Usual occupation House Wife

Other conditions gulf  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Benjamin Rudder  
13. Birthplace Fenton Missouri  
14. Maiden name Mary Price  
15. Birthplace Fenton Missouri

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Maud Skinner  
(b) Address Fenton, Mo.  
17. (a) Burial (b) Date thereof 6/18/40  
(c) Place: burial or cremation Sunset Burial Park

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? \_\_\_\_\_

18. (a) Signature of funeral director Jenneth W. Koch  
(b) Address Fenton, Mo.  
19. (a) JUN 18 1940 (b) J. H. Muret

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature D. H. Paeffgen (M. D. \_\_\_\_\_)  
Address 3115 S. Grand Date signed 6/22/40

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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 by me, ~~Oct 17~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Kenneth A. Rock*

Licensed Embalmer No. *3047*

P. O. Address *Fenton, 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 this body is not embalmed, above space should be left blank.**

**MUL**