

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12976**
Registrar's No. **3406**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

St. Louis, Mo.

(a) County

(b) City or town

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

City Sanitarium

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9yrs. 6mos. 3days**

13 years

In this community
years, months or days

3. (a) PRINT FULL NAME **CATHERINE BAKER**

3. (b) If veteran,
name war **No**

3. (c) Social Security
No. **No**

4. Sex **Female**

5. Color or
race **White**

6. (a) Single, widowed, married,
divorced **Divorced**

6. (b) Name of husband or wife
Joseph Herbert Baker

6. (c) Age of husband or wife if
alive **1879** years

7. Birth date of deceased
March 24, 1879

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

62

=

29

hr. min.

9. Birthplace **London**

(City, town, or county)

Canada

(State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

12. Name **Jim Ward**

13. Birthplace **Unknown**

(City, town, or county)

Canada

(State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**

(City, town, or county)

Canada

(State or foreign country)

16. (a) Informant **Tommy Loda**

(b) Address **5700 Grand St.**

17. (a) **Burial** (b) Date thereof **4/23/41**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation **St. Senechal, Mo.**

18. (a) Signature of funeral director **Louis Karpinski**

(b) Address **14th Street, St. Louis**

19. **APR 21 1941** (b) **J. T. Bredrup**

(Date received by local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

(c) City or town **St. Louis**

(d) Street No. **4315 Delmar Blvd.**

(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1941** hour **3:30** minute **a** M.

21. I hereby certify that I attended the deceased from **7-1-39**, 19__ to **4-21-41**, 19__;

that I last saw **her** alive on **4-21-41**, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death

Asthma (onset 10-19-31x)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **None**

Duration

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? (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 **0**

23. Signature **A.K. Burdick, M.D.** (M. D. or other)

Address **City San**

Date signed **4/21/41**

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

MOTHER FATHER

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.....

Julius M. Meyer

Licensed Embalmer No. *3788*

P. O. Address.....

*3424 Adams
Kilwood, 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, fact should be so stated above.