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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16650

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4168

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1412 Blackstone
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1412 Blackstone
(If rural, give location)

No attending Physician

(e) If foreign born, how long in U.S. A.? 33 years.

3. (a) PRINT FULL NAME Abraham Baker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gussie Baker

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June (Month) 27 (Day) 1889 (Year)

8. AGE: Years 51 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Grocery

MOTHER FATHER

12. Name Abraham Baker

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

14. Maiden name Fronia

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

16. (a) Informant Gussie Baker

(b) Address 1412 Blackstone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler

(b) Address 4469 Washington

19. (a) MAY 19 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

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

	Duration
Immediate cause of death: Coronary Occlusion with Chronic Myocardial Ischemia	
Due to: Contracted Chronic Nephrosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Mary (M. D. or other)

Address Date signed 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed W. B. Armbrandler

Licensed Embalmer No. 3669

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.