

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16858

State File No.

791

1003

Registrar's No.

4376

Registration District No.

Primary Registration District No.

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: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9th  
(c) City or town St. Louis U. City N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 530 North & South Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Elizabeth Williams Baker

3. (b) If veteran, name war  
3. (c) Social Security No. 494-05-2978

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

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

7. Birth date of deceased Nov. 15 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>6</u>	<u>10</u>	hr. min.

9. Birthplace Williamsport / Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Architect

11. Industry or business Self

12. Name Charles W. Baker

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

14. Maiden name Eva Williams

15. Birthplace Salem / Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva W. Baker

(b) Address 530 North & South Rd.

17. (a) Cremation (b) Date thereof 5-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Velhalla Crematory

18. (a) Signature of funeral director Drehmann-Harrah

(b) Address 1905 N. Union Blvd.

19. (a) MAY 26 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1941 hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from May 1938 to May 25 1941;  
that I last saw her alive on May 25 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial Decompositi Duration 1 yr.

Due to marked Kyphoscoliosis 28 yrs.

Due to Acute Poliomyelitis at age 4.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy Rotation of heart, Deformity of Great Vessels of mediastinum  
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?  
(City or town) (County) (State)

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

23. Signature Hiram L. Luzzett (M. D. or other) AMD  
Address 3720 Washington Date signed 5/25/41

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.....

*A. R. Thompson*

Registered Apprentice No.....

*248*

working under my personal supervision.

Signed.....

*R. M. Sanford*

Licensed Embalmer No.....

*2273*

P. O. Address.....

*Shaw's*

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.