

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36042

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2204

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Berliner Nursing Home A.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Months
(Specify whether
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME Josephine K. Baker

3. (b) If veteran, name war none 3. (c) Social Security No. 190-18-9702

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 August 6, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Stenographer

11. Industry or business Frisco Railroad Company

12. Name Lara C. Baker

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

14. Maiden name Josephine Hutt

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

16. (a) Informant Ray S. Alexander
(b) Address 4530 McPherson Ave.

17. (a) Burial (b) Date thereof Nov 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Kirkwood

18. (a) Signature of funeral director Wagoner Und Co

(b) Address 3621 Olive St.

19. (a) NOV 1 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 10305 Thorpe Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1941 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from out 6 1941 to 11/1 1941

that I last saw her alive on 10/27 and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocarditis ? years
Duration _____

Due to _____

Due to 13/10

Other conditions Chc. Intestinal Neoplasia
(Include pregnancy within 3 months of death)
General Arterio-Sclerosis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address Overland mo Date signed 11/1/41

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

96
103
1

116-9

101 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edmund Crocker*

Licensed Embalmer No. *3357*

P. O. Address. *3621 Oliver St.*

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.