

FILED MAR 10 1942

Registration District No. 184

Primary Registration District No. 106

Registrar's No. 459

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-632 Lockwood Court
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eve Evangeline Baker

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 11 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 16 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Charles Loughran

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

14. Maiden name Sarah Robinson

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

16. (a) Informant J. Earl Baker

(b) Address 6320 San Bonita, Clayton

17. (a) entombment (b) Date thereof 2-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mesoleum

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bl'vd., St. Louis

19. (a) Feb 27 1942 (b) J. McManis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 632 Lockwood Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1942 hour 9 minute am

21. I hereby certify that I attended the deceased from Oct 10 1941 to Feb 19 1942
that I last saw him alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs 2 hrs

Due to nephritis Coloemulans 10 days

Due to myocarditis 4-20 7 days

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

Major findings: 7/10
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

23. Signature H. P. S. Baker (M. D. or other) 7-10
Address 2516 Sutton Date signed 2-27-42

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

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MOTHER FATHER

Dr. H. L. Luckey
2825 Leclède Road
HI-0217
Hrs. 2-4 P.M.

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City

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.