

5899
S. No. 2
M-9.4-41
v. 5-17-39
X29484

8238

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

2281

Registration District No. 791 Primary Registration District No. 100

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Frank Frederick Baker
3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased About 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 53 Unknown hr. min.

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

10. Usual occupation Salesman

11. Industry or business.....
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Baker
(b) Address 5632 Enright Ave.

17. (a) Burial (b) Date thereof Mar. 14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cordell, Oklahoma.

18. (a) Signature of funeral director W. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) MAR 12 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Washata
(c) City or town Cordell
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12,
year 1942 hour 10:15 minute A. M.
21. I hereby certify that I attended the deceased from March
8, 19 42 to March 12, 19 42;
that I last saw h im alive on March 12, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
(c) Means of injury
23. Signature Joseph E. Gougeon (M.D. or other)
Address 1515 Lafayette Ave. Date signed 3/12/42

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..... *A. H. Jansky*
Licensed Embalmer No. *4149*
P. O. Address *1926 Allen*

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.