

FILED JUN 22 1942

Registration District No.

Primary Registration District No.

1003

Registrar's 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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hrs.
(Specify whether
In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME

Infant Baker

3. (b) If veteran. name war

3. (c) Social Security No.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married. 0 divorced never
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased June 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. 1 min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Lloyd D. Baker
13. Birthplace Maple Hill Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Frances Bradshaw
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant F. Wendlandt B.H.
(b) Address Lutheran Hospital
Burial (c) Date thereof 6/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUN 10 1942 (Date received local registrar)
J. F. Beedick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4257 Norfolk
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1942 hour 1:03 minute 7 M.

21. I hereby certify that I attended the deceased from June 9 1942 to June 10 1942
that I last saw her alive on June 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (26 wks.)

Due to
Due to 159
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy none

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 J. F. Beedick (M. D. or other)
Address 2224 Grand Blvd Date signed 6/10/42

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

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17
9

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.

Not embalmed

Signed..... *Harry Cynok*
Licensed Embalmer No. *1284*
P. O. Address..... *St Louis Mo*

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.