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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

State File No. 19355

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5685

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2814 Chouteau Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0017 224

(c) City or town Saint Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2814 Chouteau Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME WALTER BAKER

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 29, 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Chesterfield (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Nelson Baker
13. Birthplace Chesterfield, (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Fannie Shelton
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Sarah Baker

(b) Address 2814 Chouteau Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) JUL 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-21 1942 to June 28th. 1942; that I last saw him alive on June 28th. 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	
Due to: Chr Bronchitis	
Due to: Infirmities of age	
Other conditions (Include pregnancy within 3 months of death)	
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? ..... (Specify type of place)

While at work? — (e) Means of injury 0

23. Signature E. A. Lansche (M. D. or other) MD

Address 4941 Northland Avenue Date signed .....

(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 James Arthur Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.