

Registration District No. 10

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DE PAUL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME CORA S. BAKER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single widowed, married, divorced 2

6. (b) Name of husband or wife JOHN BAKER 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN. 13 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name DAN SMITH

13. Birthplace ELLINGTON MO.
(City, town, or county) (State or foreign country)

14. Maiden name DICY

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

16. (a) Informant Ellis Baker

(b) Address Ellington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director Frank Funeral Home

(b) Address Ellington Mo.

19. (a) OCT 8 1943 (b) J.P. Bredeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County REYNOLDS
(c) City or town ELLINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 7 year 1943 hour _____ minute 50 M.

21. I hereby certify that I attended the deceased from Oct 7 1943 to Oct 7 1943 that I last saw him alive on Oct 7 1943 and that death occurred on the date and hour stated above
Immediate cause of death: Subarachnoid hemorrhage
due to aneurysm of
the aorta
Duration _____

Due to aneurysm of aorta
Due to stroke
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None 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 O.A. Ambrose (M. D. or other) _____
Address 1660 W. Main St. Ellington Mo. Date signed 10/8/43

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

MOTHER FATHER

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 *Frank Prokoff*.....

Licensed Embalmer No. *435-6*.....

P. O. Address *St. Louis*.....

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.