

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 918
(d) Street No. 314 So. Garrison (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Baker

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-05-1027

4. Sex Male 5. Color or Race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug 22nd 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Port Gibson Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Texas Key Water Dept City

11. Industry or business of St Louis

12. Name James Baker

13. Birthplace unk Miss
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia unk

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

16. (a) Informant Lillian E. Baker

(b) Address 314 South Garrison ave

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Bandle & Son

(b) Address 3133 Bellvue

19. (a) OCT 22 1943 (b) J. T. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
year 1943 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 16, 1943, to October 20, 1943;
that I last saw him alive on October 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Autopsy: Bronchopneumonia Terminal
Cardiac Hypertrophy Unk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

Major findings:
Of operations _____
Of autopsy _____

Duration
Terminal
Unk.

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 S. E. Smith (M. D. or other) 10/20/43
Address 2601 Whittier Date signed _____

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.