

FILED JUL 26 1946 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6342

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:
St. Louis City Hospital 1)
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4254 Olive St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Baker

3. (b) If veteran, name war

N11

3. (c) Social Security No.

494-09-4274

4. Sex Male 1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Nellie Baker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 55 hr. min.

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

10. Usual occupation Bartender

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Beynan
(b) Address 7451 Lohmeyer Ave.

17. (a) Burial (b) Date thereof 7-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 111 4700 Washington Blvd.

19. (a) 7-18-46 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 4 minute 25 E. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Heart Disease
Due to Chronic Hypertension
Myocardial Infarction
Due to 930
Other conditions _____
(Includes pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 _____

23. Signature W. E. Taylor (M.D. or other) _____
Address Big Arrow Date signed 7/18/46

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

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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 Henry M. Brammer
Licensed Embalmer No. 4200
P. O. Address.....

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.