

S. No. 2
OM-5-43
v. 5-17-39
No. 1 X36671

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(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

3. (a) PRINT FULL NAME **Ida Baker**

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

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Richard Baker** **6. (c) Age of husband or wife if alive** **29** years

7. Birth date of deceased **July 26, 1916:**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 2 2 hr. _____ min.

9. Birthplace **Atlanta** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe turner**
11. Industry or business **Fred Mears Shoe Co.**

12. Name **James Moody**

13. Birthplace **Sweeden**
(City, town, or county) (State or foreign country)

14. Maiden name **Pearl Stamper**

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

16. (a) Informant **Richard Baker**

(b) Address **4332 Swan**

17. (a) Removal **(b) Date thereof** **9/30/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macon, Mo.**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **SEP 30 1946** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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. **4332 Swan**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28**
year **1946** hour **5.00** A.M. minute _____ 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 _____

Duration

Broncho Pneumonia

Due to _____

Due to _____

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

107

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature **Alfred J. Perry** **(M. D. or other)**

Deputy Coroner **Date signed** **9-30-46**

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.....

Rex Campbell L.E.
3880

Licensed Embalmer No.....

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.