No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39402

FILED NOV 22 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10360

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 5609 Vernon Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cwo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5609 Vernon Ave. 9
(If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise 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 Widow
6. (b) Name of husband or wife John Baker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 28th 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Jacob Ruppenthal
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Roach
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Rielly J. Baker
(b) Address 5243 Mardel Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) NOV 10 1947 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 1947 to 11/8/ 1947 that I last saw him alive on 11/8/ 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	8 Mo
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Pugh Haynes (M. D. or other) MD
Address 3720 Washington Ave Date signed 11/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dorrigh Haynes
Frisco Hospital
930 AM Sunday

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.