

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **113838**
Registrar's No. **4052**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Will Baker

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 2/ 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Baker

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 15th 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>0</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Lake Village Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Lottie Baker

(b) Address 1843 a Biddle St.

17. (a) Burial (b) Date thereof 5-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Fun Home

(b) Address App 29 1848 Stoddard St.

19. (a) _____ (b) J. F. Bredecker
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1843 a Biddle 9
21 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 12 minute 40 a M.

21. I hereby certify that I attended the deceased from April 23, 1948 to April 29, 1948
that I last saw him alive on April 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal Syndrome
Uremia

Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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 0

23. Signature Herbert J. Erwin (M. D. or other) _____

Address 2601 N Whittier Date signed 4/29/48

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

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.