

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17048

State File No. ....

BIRTH NO. ....

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **4054**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmery</b>				d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.,</b>				
3. NAME OF DECEASED (Type or Print) <b>Baker, Gene</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 5 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 18, 1871</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HOURS Days <b>24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; (n if retired)) <b>ret</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Richard Baker</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Shoemaker</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis 1943 Plus.</b>				ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <b>Organic Brain Disease 1945 Plus</b>				
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>97</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2:500</b>				
22. I hereby certify that I attended the deceased from <b>7-2</b> <sup>1945</sup> to <b>4-5-1949</b> , 19____, that I last saw the deceased alive on <b>April 5, 1949</b> , and that death occurred at <b>10:00 P.M.</b> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Palmer Rudine Bowdish M.D.</b>				23b. ADDRESS		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAY 5 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Home</b>		24d. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REG. <b>MAY 13 1949</b>				REGISTRAR'S SIGNATURE <b>J. B. Laster</b>				
25. FUNERAL HOME				25. FUNERAL HOME <b>Funerary Service</b> 4104 Manchester Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

4054

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**