

FILED MAY 1 - 1952

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14017**
Registrar's No. **3665**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS (If rural, give location) 3029 Washington Ave.		2219	
3. NAME OF DECEASED (Type or Print) a. (First) M. b. (Middle) C. c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1952	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1918
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	11. BIRTHPLACE (State or foreign country) Germantown, Tenn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME M. C. Baker		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Geneva Adams Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 415-14-5083		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geneva Adams Baker, Havti, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal hemorrhage following gunshot wound of chest of aorta suffered when shot with gun in chest		INTERVAL BETWEEN ONSET AND DEATH	
ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE		about 11:55 pm Apr 13 1952	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Whither justifiable or Homicide		could not be determined open verdict	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6981X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 p.m. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Walter Perry Deputy Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4/18/52		24. LOCATION (City, town, or county) (State) Germantown, Tennessee	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 19 1952	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 18 1952 Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Und. Co., 1123 N. Taylor	

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

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.

Student
Student Embalmer

Signed *John K Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *7223 Enright*

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.