

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14019**

MAY 1 - 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3872</b>			
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, Mo.</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5036 Thrush</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Robert</b>		b. (Middle) <b>J.</b>		c. (Last) <b>BAKER Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1952</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 8, 1907</b>		9. AGE (In years last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Pacific R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Birmingham, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Robert Baker</b>			13b. MOTHER'S MAIDEN NAME <b>Lillie J. Miller</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle L. Baker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Myrtle L. Baker</b>		ADDRESS <b>5036 Thrush</b>			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fibrosarcoma of lungs</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fibrosarcoma of rt. forearm with metastases</b>				Nov 1950	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19. DATE OF OPERATION <b>Nov 1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Amputation of rt shoulder girdle</b>						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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>197X</b>					
22. I hereby certify that I attended the deceased from <b>Feb 1952</b> , to <b>Apr 22, 1952</b> that I last saw the deceased alive on <b>Apr 22, 1952</b> , and that death occurred at <b>5:30 pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Mauro E. Hosto MD</b> (Degree or title)				23b. ADDRESS <b>Mo Pac Hosp.</b>				23c. DATE SIGNED <b>4/23/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4-26-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		(State) _____	
DATE REC'D BY LOCAL REG. <b>APR 24 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>		ADDRESS <b>2161 E. Fair Ave.</b>			

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Homer W. Dritz*

Signed.....

Student Embalmer

Licensed Embalmer No. *38820*

P. O. Address *St. Louis*

**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.