

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29211

State File No. _____

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7616**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **7 hrs**
c. CITY OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**
d. STREET ADDRESS (If rural, give location) **6 4719 Cote Brillante**

3. NAME OF DECEASED
a. (First) **Julia** b. (Middle) _____ c. (Last) **Baker**
4. DATE OF DEATH (Month) (Day) (Year) **Aug. 9 1952**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Nov. 19, 1879** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **72**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (State or foreign country) **Jerico Arkansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Hilliard** 13b. MOTHER'S MAIDEN NAME **Jenetta (unknown)** 14. NAME OF HUSBAND OR WIFE **Dave Hawkins**

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. **unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Oscar Hawkins 4719 Cote Brillante**

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) **CORONARY Thrombosis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **8/10** 1952, to **8/10** 1952, that I last saw the deceased and that death occurred at **8:55 P.M.**

Dr. J. Horner 82 Lindbergh 8/11/52

Place of Burial (Specify) **Removal 4** **8/23/52** **Washington Park Cemetery** **St. Louis County** **Mo.**

DATE REC'D BY LOCAL REG. **AUG 11 1952** REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. L. Beal Undertaking Co. 4305 Delmar**

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

