

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31613**
8061

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) 15-Days.		c. CITY OR TOWN St. Louis.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital.				e. STREET ADDRESS (If rural, give location) 21 3161 Thomas St.			
3. NAME OF DECEASED (Type or Print) a. (First) Pete			b. (Middle) _____			c. (Last) Baker	
4. DATE OF DEATH August 28, 1954			5. SEX Male		6. COLOR OR RACE Col.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated.			8. DATE OF BIRTH Jan. 10, 1888		9. AGE (In years last birthday) 66		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Eddie Beasley Commission		11. BIRTHPLACE (City and State or Foreign Country) Mississippi.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Neal Bakery.		13b. MOTHER'S MAIDEN NAME Mahalie Harrie.		
14. NAME OF HUSBAND OR WIFE Lela			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME Florida Hopkins			ADDRESS 3444 Pine			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* (a) (I) Cor- Pulmonale			INTERVAL BETWEEN ONSET AND DEATH _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES DUE TO (b) Dye to Pulmonary Emphysema			DUE TO (c) _____			19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4343			22. I hereby certify that I attended the deceased from Aug. 13, 1954 , to August 28, 1954 , that I last saw the deceased alive on August 28, 1954 , and that death occurred at 5:30P m. , from the causes and on the date stated above.	
23a. SIGNATURE George M. Tanaka, M.D.			23b. ADDRESS 5800 Arsenal St.			23c. DATE SIGNED 8/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE Sept 3, 1954		24c. NAME OF CEMETERY OR CREMATORY OAKDALE Cem. St. Louis, Mo.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. AUG 31 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Krouce		ADDRESS 1221 N Grand	

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.....
Signature of Student Embalmer

Signed..... *Gupton Swann*
Licensed Embalmer No. *458*
P. O. Address *1221 1/2 Grand*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.