

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6098

State File No.

FILED MAR 7 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1798

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 13 days		e. STREET ADDRESS (If rural, give location) 235 Kenora Ct.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital			
3. NAME OF DECEASED a. (First) ALMA		b. (Middle) L.	c. (Last) BAKER
4. DATE OF DEATH Febr. 18, 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-18-1891
9. AGE (In years less birthday) 64	IF UNDER 1 YEAR 5	IF UNDER 24 HRS. 0	IF UNDER 1 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Emil Davis		13b. MOTHER'S MAIDEN NAME Irene Barford	14. NAME OF HUSBAND OR WIFE Orris L. 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. 494-34-1948	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert Davis, 1825 Northfield Dr., St. Louis Co., 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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma intestine and bladder</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 4 years
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1998	
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?	
22. I hereby certify that I attended the deceased from April 10, 1954 to Feb 18, 1956 that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Irene Barford</i> (Degree or title)		23b. ADDRESS 958 Arcade Bldg	23c. DATE SIGNED Feb 20 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-20-1956	24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. FEB 20 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 40

P. O. Address.....

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.