

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10396

State File No.

318

1003

3017

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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|--|--|---|---|--|--|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 2 weeks. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4587 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | | d. STREET ADDRESS (If rural, give location) 22 South Elm Avenue | | |

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|-------------------------------------|--|---------------------|---------------|-----------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) GERTRUDE | b. (Middle) E | c. (Last) BAKER | 4. DATE OF DEATH (Month) (Day) (Year) March 23rd, 1956 | |
|-------------------------------------|--|---------------------|---------------|-----------------|--|--|

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|---------------|------------------------|--|-----------------------------------|------------------------------------|--------------------------|--------------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH August 28, 1893n | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 0 | IF UNDER 24 HRS. Days 25 | Hours | Min. |
|---------------|------------------------|--|-----------------------------------|------------------------------------|--------------------------|--------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Kasper | 13b. MOTHER'S MAIDEN NAME Nellie Kredell | 14. NAME OF HUSBAND OR WIFE Edward L. Baker |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward L. Baker 22 South Elm Avenue |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fracture of the right femur suffered when deceased was tripped by beach on dog in parking lot at about 5300 Manchester Ave. causing decedent to fall about 1030 am. out July 18, 1956. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Parking Lot | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo |
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| 21d. TIME OF INJURY July 18 56 10:30 am | 21e. INJURY OCCURRED WHILE WORKING? <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Dr. E 903.8 |
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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 9:25 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Print or title) Patrick E. Taylor, Coroner | 23b. ADDRESS 1308 Clark | 23c. DATE SIGNED 2/26/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3/26/56 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. MAR 26 1956 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blv'd. |
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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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

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.