

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28085**
Registrar's No. **7445**

FILED SEP 7 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6 Hrs.	c. CITY OR TOWN Webster Groves 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. Johns Hospital		STREET ADDRESS (If rural, give location) 520 Atlanta Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) CAROLYN b. (Middle) ANN c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) 8-10-1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-30-1926
9. AGE (In years) (last birthday) 29		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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 (City and State or Foreign Country) Webster Groves
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carrol McGee	
13b. MOTHER'S MAIDEN NAME Laura Bishop		14. NAME OF HUSBAND OR WIFE William J Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 494-28-5851	17. INFORMANT'S SIGNATURE OR NAME Wm. J. Baker
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) Cerebral Edema cause undetermined ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral edema (cause undetermined) DUE TO (c) BUBBER-TYPE-POLIO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O. I. Josephine Driscoll	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Josephine Driscoll	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
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) 8/13/56	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-10-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1080.0	
22. I hereby certify that I attended the deceased from Aug 10 , 1956, to Aug 10 , 1956, that I last saw the deceased alive on Aug 10 , 1956, and that death occurred at 9:20 a.m. from the causes and on the date stated above 8-11-56			
23a. SIGNATURE W.C. Missey, Jr. W.C. Missey, Jr. M.D.		23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 8/11/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-13-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
DATE REC'D BY LOCAL REG. AUG 11 1956	REGISTRAR'S SIGNATURE J. Earl Smith	FUNERAL DIRECTOR'S SIGNATURE W. Parker Aldrich - Webster Groves Mo.	

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.....

Leslie Welch

Licensed Embalmer No. 439

P. O. Address *Wester Gro*

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.