

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39973**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2644	
1. PLACE OF DEATH a. COUNTY St. Louis				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 Clayton		c. LENGTH OF STAY (If in this place) 23 days		c. CITY OR TOWN Kirkwood 4770		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 Co. Hospital				e. STREET ADDRESS (If rural, give location) 440 Alsobrook Street			
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle)		c. (Last) BAKER	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1956		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married-Sep.	
8. DATE OF BIRTH Sept. 17, 1900		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs		11. BIRTHPLACE (City and State or Foreign Country) Robertsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Baker		13b. MOTHER'S MAIDEN NAME Amanda Scott		14. NAME OF HUSBAND OR WIFE Ruth			
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 Alby Boon 3843 Cook Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Curling's Ulcer of Duodenum & Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Third Degree Burn 50% Body Surface DUE TO (c) Shock Due to Blood Loss 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9160				INTERVAL BETWEEN ONSET AND DEATH 23 days. 2 hrs.	
19a. DATE OF OPERATION 11/6/56		19b. MAJOR FINDINGS OF OPERATION Extensive 3rd degree burns & eschar.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood 125 Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? patient set fire to home, while in a deranged state.			
22. I hereby certify that I attended the deceased from 10-14- , 19 56 , to 11-6- , 19 56 , that I last saw the deceased alive on 11-6- , 19 56 , and that death occurred at 10³⁰ a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard H. King M.D.				23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 11/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 11-8-56		REGISTRAR'S SIGNATURE Herbert A. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Ave.			

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..... *Geoffrey Swann*
Licensed Embalmer No. *4580*

P. O. Address *4107 Fern*

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.