

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41712**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11296**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 weeks</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hosp.</b>			* STREET ADDRESS (If rural, give location) <b>2072 3610 Lee Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>		b. (Middle) <b>CHARLES</b>	c. (Last) <b>BAKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23. 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 20 1880</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Weigher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Elevator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Mathew Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ruscienska</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Baker</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frances Anderson 3610 Lee Ave.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma of Urinary Bladder</b> <b>c. metastasis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>181x</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>cardiovascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>10-31-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>carcinoma of Bladder</b>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <b>11-27</b> , 19 <b>57</b> , to <b>11-23</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>11-22</b> , 19 <b>57</b> , and that death occurred at <b>3 A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <b>Dr. Martin M.D.</b>			23b. ADDRESS <b>4110 W. Flannery</b>		23c. DATE SIGNED <b>11-24-57</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/26/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 25 57</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stock Mortuary 2117 E. Grand 3M</b>			

*m 816* (Licensed Embalmer's Statement on Reverse Side)

**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... *Paul A. Wachter* .....

Licensed Embalmer No. *4287* .....

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