

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006869
State File No. 2 1810
Registrar's No.

FILED MAR 10 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY ST Louis MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ST Louis MO b. COUNTY MO	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4908 Wabada		d. STREET ADDRESS (If rural, give location) 4908 Wabada	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Elbert c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) 2 / 17 / 59		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12 / 21 / 1898		9. AGE (In years last birthday) 61		10. MONTHS 1 DAYS 1 HOURS 1 MIN. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer			10b. KIND OF BUSINESS OR INDUSTRY Grocer		
11. BIRTHPLACE (State or foreign country) T Opeka KAN			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Griffith Baker		13b. MOTHER'S MAIDEN NAME Ellen Dozier		14. NAME OF HUSBAND OR WIFE Anna Elizebeth Baker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1		16. SOCIAL SECURITY NO. 472 016669		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Elizebeth Baker 4908 Wabada	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Coronary Disease			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			ANTECEDENT CAUSES		
DUE TO (b) Cardio-Renal Vascular Disease			DUE TO (c) 420.1		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? Y YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none none none	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **1 - 26 1959**, to **2 - 17 1959**, that I last saw the deceased alive on **2 - 17 1959**, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis S. Alexander M.D.		23b. ADDRESS 826 N Channing St. St. Louis		23c. DATE SIGNED 2-19-59	
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24a. BURIAL / CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/23/59		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks		24d. LOCATION (City, town, or county) (State) ST Louis	
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DATE REC'D BY LOCAL HEALTH DEPT. FEB 20 1959		REGISTRAR'S SIGNATURE Lois Smith M.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Porter Funeral Home 3028 Dickson	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

697

0.300
0.48
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *W. Claude Gordon*

Signed.....
Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.