Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006873
STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1320

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Bros. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN East St. Louis — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1710 College Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Walter Middle Last Baker

4. DATE OF DEATH Month Feb. Day 4, Year 1959

5. SEX Male

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb. 28, 1911

9. AGE (In years last birthday) 47 — 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) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Murphysboro, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harry Baker

13b. MOTHER'S MAIDEN NAME Della Dunn

14. NAME OF HUSBAND OR WIFE Clara Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes

16. SOCIAL SECURITY NO. 348-05-5839

17. INFORMANT Clara Baker - 1710 College Ave. Address E.St.Louis, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Rt Lung c generalized Metastases to Liver Kidneys & Diaphragm. — INTERVAL BETWEEN ONSET AND DEATH 16 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from [illegible], to 2/4/59 and last saw her/him alive on 2/4/59
Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.

22b. ADDRESS 1901 Madison St.

22c. DATE SIGNED 2/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/7/59

23c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park

23d. LOCATION (City, town, or county) (State) Canteen Twsp., Illinois

24. FUNERAL DIRECTOR John J Kessly — ADDRESS E.St.Louis, Ill.

25. DATE RECD. BY LOCAL REG. FEB 6 59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.