

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028401

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6859 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

1. **FILED JUL 31 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY St. Louis b. COUNTY St. Louis c. STATE Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in lb 5 hrs. 27' c. CITY OR TOWN Valda Village Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) Christian Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 15-12 Eckert Pl. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First - Middle - Last Baker 4. DATE OF DEATH Month July Day 3 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH July 2, 1962 9. AGE (last birthday) 5 UNDER 1 YEAR IF UNDER 24 HR Months 5 Days 27 Hours 27 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Paul Darwin Baker 13b. MOTHER'S MAIDEN NAME Merry Luc Isaacson 14. NAME OF HUSBAND OR WIFE Merry Luc Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Merry Luc Baker Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity b. Premature rupture of membranes. c. 76/1.5

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:07 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth J. Larson M.D. (Degree or title) 22b. ADDRESS 220 Northland Med. Bldg (36) 22c. DATE SIGNED 7-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) JUL 31 1962 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 4104-06 Manchester 25. DATE RECD. BY LOCAL REG. JUL 31 1962 REGISTRAR'S SIGNATURE Kearl Smith, M.D.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 _____, 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.