STATE OF TEXAS 015-00-1 015-00 CERTIFICATE OF DEATH 85X 17 STATE FILE NO. 67081

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bexar
b. CITY OR TOWN (If outside city limits, give precinct no.): Olmos Park
c. LENGTH OF STAY in this place: 20 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 312 E. Hermosa Drive
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Bexar
c. CITY OR TOWN (If outside city limits, give precinct no.): Olmos Park
d. STREET ADDRESS (If rural, give location): 312 E. Hermosa Drive
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): (a) First: DEIMER (b) Middle: DAVID (c) Last: BAKER, SR.

4. DATE OF DEATH: September 11, 1973

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: May 3, 1892

9. AGE (In years last birthday): 81

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Professional Player

10b. KIND OF BUSINESS OR INDUSTRY: Baseball Team

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not available

14. MOTHER'S MAIDEN NAME: Not available

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

16. SOCIAL SECURITY NO.: 376-05-7613A

17. INFORMANT: Mrs Alice C. Baker

MEDICAL CERTIFICATION

19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

TEXAS DEPARTMENT OF HEALTH
RECD. SEP 26 1973
BUREAU OF VITAL STATISTICS

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ischemic Heart Disease	years
DUE TO (b)	Carcinoma of prostate	years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Parkinsonism

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 / 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 building, etc.)

20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I hereby certify that I attended the deceased from March 3 19 69 to September 11, 19 73 and last saw the deceased alive on September 11 19 73. Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George W. Jones M.D.

22b. ADDRESS: 7711 Louis Pasteur # 201 Dr San Antonio, Texas 78229

22c. DATE SIGNED: 9-12-73

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

23b. DATE: Sept. 13, 1973

23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

23d. LOCATION (City, town, or county): San Antonio,
(State): Texas

24. FUNERAL DIRECTOR'S SIGNATURE: Porter Loring Mortuary

25a. REGISTRAR'S FILE NO.: 5296

25b. DATE REC'D BY LOCAL REGISTRAR: SEP 13 73

25c. REGISTRAR'S SIGNATURE: G. M. Winningham

VS-112, REV. 1/68

John W. Conner
F.D.#4766

Terrell D.
Goddard
Emb.#4567

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