

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22418  
6610

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Towship..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5300**) **Arsenal**

File No.....  
Registered No.....  
St. **24th** Ward

**2. FULL NAME**

(a) Residence No. **3033 A Laclede** St., **21** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie Baker**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**about 39**

8. OCCUPATION OF DECEASED **Laborer**  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Tom Baker**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Lucinda Peters**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ark.**  
(STATE OR COUNTRY)

14. INFORMANT **Frank Lusk**  
(Address) **3033 A Laclede Ave**

15. FILED **21 1003** **K. C. Starnes** REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23 1928**

17. I HEREBY CERTIFY, That I attended deceased from **June 21**, 1928, to **June 23**, 1928 that I last saw him alive on **June 22**, 1928, and that death occurred, on the date stated above, at **3:45 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Meningitis, Pneumococic**  
**100 (Simple)**  
**Pneumonia, Toxar**  
(duration) **0** yrs. **0** mos. **3** ds.  
CONTRIBUTORY (SECONDARY) **Pneumonia, Toxar**  
(duration) **0** yrs. **0** mos. **5** ds.

18. WHERE WAS DISEASE CONTRACTED? **3033 a Laclede**  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

19. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical & Laboratory**  
(Signed) **George Garrison, M.D.**  
**6/23 1928** **ISOLATION HOSPITAL**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Little Rock Ark** DATE OF BURIAL **6/24/ 1928**

20. UNDERTAKER **J. W. Hughes** ADDRESS **26 Stanton Ave**

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

