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

Do not use this space.

12552

1. PLACE OF DEATH

County ..... Registration District No. 791 1002

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 2313 A Cass Av. St. ..... Ward)

File No. ..... Registered No. 3077

2. FULL NAME Edward Joseph Baker

(a) Residence. No. 2313 A Cass Av. St., 20 Ward. (Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	19	10	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward T. Baker

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

12. MAIDEN NAME OF MOTHER Maud Mullen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT Edward T. Baker (Address) 2313 A Cass Av.

15. FILED MAR 11 1929, 19 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Mar 9, 1929, that I last saw him alive on Mar 9, 1929, and that death occurred, on the date stated above, at 11:16 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lung + Bowels

23 A

25 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Unknown

..... (duration) ..... yrs. 11 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. M. Muher, M. D.

Mar 10, 1929 (Address) 2211 Cass Av.

*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 Calvary Cemetery

DATE OF BURIAL 3/12/1929

20. UNDERTAKER Bergesch Und. Co. 3641 Washington Bl.

ADDRESS

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

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