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

Do not use this space.

31314

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8914

City St Louis (No. 2521a N. Leffingwell St. ..... Ward)

**2. FULL NAME** Emma Baker

(a) Residence. No. 2521a N. Leffingwell 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) |
|---|---|---|
| Femal | Col | Widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1 1873

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 9 | 9 | |

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

9. BIRTHPLACE (CITY OR TOWN) Bolden Green
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Dave House

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bolden Green
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Susie Barber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bolden Green
(STATE OR COUNTRY) Mo.

14. INFORMANT Marie Riley
(Address) 2521a N. Leffingwell

15. FILED SEP 12 1930 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1930, to Sept 9, 1930 that I last saw her alive on Sept 1, 1930, and that death occurred, on the date stated above, at 4:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, chronic interstitial

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930 (duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (SECONDARY) myocarditis, chr

(duration) 0 yrs. 7 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? 1290

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) Roland Stieffer M. D.

Sept 11, 1930 (Address) 4500 Olive

*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 | DATE OF BURIAL |
|---|---|
| Greenwood Cemetery | 9-12 1930 |
| 20. UNDERTAKER | ADDRESS |
| A. F. Walton | 2701 Stoddard |