

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

Do not use this space.

14658

1. PLACE OF DEATH

County Jesserson
Township Washington
City St. Louis (No.)

Registration District No. 421
Primary Registration District No. 53-75-

File No.
Registered No. 47
St. Ward

2. FULL NAME

(a) Residence, No. Heruleonum St., 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.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna V. Baker</u>		
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8-1877</u>		
	7. AGE <u>54</u>	YEARS <u>3</u>	MONTHS <u>12</u>
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>Mar 17-1931</u>		
FATHER	11. Total time (years) spent in this occupation <u>30 yrs</u>		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotia, Mo</u>		
	13. NAME <u>Elliot Baker</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Hannah Clayton</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Leslie Baker</u> (ADDRESS) <u>Heruleonum Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Heruleonum</u> DATE <u> </u> 19 <u> </u>			
19. UNDERTAKER <u>Frank Smith Co.</u> (ADDRESS) <u>Scotia Mo</u>			
20. FILED <u>4/22</u> , 19 <u>31</u> <u>J. E. Rutledge</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-1931 to April 20, 1931
I last saw him alive on April 20, 1931. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
132 A
82 A
Other contributory causes of importance:
hypertension
132 A
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. O. Estessley, M. D.
(Address) Heruleonum Mo

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.

MAY 27 1931

