

WRITE 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.

South cert # 7883
Filed July 17th 1931
under "Martin"

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis mo** No. **City Hospital 2** St. Ward)

File No. **2467**
Registered No. **134**

2. FULL NAME

Chas. Baker
(a) Residence, No. **528 So. Euclid St.** **12** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. **6** mos. **3** 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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-30-1931**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
6 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **not**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis mo 1**

FATHER
13. NAME **Albert Baker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois 2**

MOTHER
15. MAIDEN NAME **Lizzie Kirksey**

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

17. INFORMANT **A. Gertrude Creath** (ADDRESS) **City Hospital 2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **1-5-32**

19. UNDERTAKER **A.P. Russell and Co** (ADDRESS) **3732 Prince Street**

20. FILED **AN-5183** 19 **31** Registrar **Chas. Baker**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-3-32**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **12-30**, 19**31**, to **1-3**, 19**32**

I last saw him alive on **1-3**, 19**32** Death is said to have occurred on the date stated above, at **2P** m. The principal cause of death and related causes of importance were as follows:

Prokets
Other contributory causes of importance: **67** **1**

Name of operation Date of
What test confirmed diagnosis? **Ch. L. ...** Was there an autopsy? **no**

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 **ind. mch**
(Signed) **Chas. Baker**, M. D.
(Address) **City Hospital 2**

