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.

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

Do not use this space.

30781

File No. 8480

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. 711

City St. Louis (No. City Hospital ..... St. ..... Ward)

10356

2. FULL NAME Baby Baker

(a) Residence, No. 612 Barry (St. Rear) Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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) Sept. 18 - 1932

7. AGE: Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Bert Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Kentucky

MOTHER

15. MAIDEN NAME Della Rose Biner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Venice Illinois

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potter's Field DATE 9 - 22 - 1932

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED SEP 21 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18th, 1932, to Sept. 18th, 1932

I last saw h. alive on Sept. 18th, 1932. Death is said to have occurred on the date stated above, at 3.30 a.m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6½ months)	
157	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic 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

(Signed) [illegible], M. D.

(Address) City Hospital

Baker