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.

33583

File No. 8848

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

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

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

2. FULL NAME James E. Baker.

(a) Residence, No. Usona Hotel St., 12 Ward.
(Usual place of abode) 5000 Waterman (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: Male.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary McG. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1st, 1847

7. AGE: YEARS 85 MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman. New York Life.

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): Galesburg Ill.

FATHER

13. NAME: Joseph Baker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Eugene Baker, La Dyke & McKnight Rds

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Grove Cem. DATE: Oct 4, 1932

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons, 4449 Olive Street

20. FILED: OCT -4 1932 19 Max C. Starkloff, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1932 to 10-2-1932

I last saw him alive on 10-2-1932. Death is said to have occurred on the date stated above, at 4 P. m.

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

Traumatic Shock due to fall to the floor

Date of onset

Other contributory causes of importance: Fracture of Rt. Femur & of Pelvis

Accident

Name of operation: None Date of

What test confirmed diagnosis? May Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-1-1932

Where did injury occur? 4910 A Vaclide (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While leaving doctors office

Manner of injury: Fall

Nature of injury: Fracture

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify .....

(Signed) Hugh Haynes, M. D.

(Address) 4960 Vaclide

Ok. J. Kerner Deputy Coroner