

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

Do not use this space.

18527

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis No. 4201, St. Margaretta File No. Registered No. 4799
 St. Ward)

2. FULL NAME

Mr. F. Baker
 (a) Residence, No. 4201 St. Margaretta 10 Ward. (If nonresident, give city or town and State)
 (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

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 Emma Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1876
 7. AGE YEARS MONTHS DMS IF LESS than 1 day, hrs. or min.
57 — 12

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Furniture Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Linen Co.
 10. Date deceased last worked at this occupation (month and year) 1-9-28 11. Total time (years) spent in this occupation

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

13. NAME Christ Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Brothera Bateman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Emma Baker (ADDRESS) 4201 St. Margaretta Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Cemetery DATE JUN 2 1933

19. UNDERTAKER Reid & Sons Funeral Home (ADDRESS) 1936 S. 4th St CITY St. Louis

20. FILED J. B. Redick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 29 1933, 19...
 22. I HEREBY CERTIFY, That I attended deceased from 5-20-33 to 5-29-33, 19...
 I last saw him alive on 5-29-33, 19... Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-20-33
82A
82A
 Other contributory causes of importance: None

Name of operation none Date of no
 What test confirmed diagnosis? examined 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? no
 If so, specify Walter J. Hoenneman, M. D.
 (Signed) Walter J. Hoenneman
 (Address) 1506 St. Louis Ave

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.

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 11
 16

