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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21927

Township ..... Primary Registration District No. 1003 Registered No. 5674

City St. Louis (No. Avalon Hotel St. ..... Ward)

2. FULL NAME Margaret F. Baker

(a) Residence, No. Avalon, Hotel. 339 N Taylor 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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) Unknown

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

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher. Public Schools.

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) Danville, Mo.

FATHER

13. NAME Sylvester M. Baker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Missouri

MOTHER

15. MAIDEN NAME Frances A. Stevens

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

17. INFORMANT (ADDRESS) Miss Anna Baker. Avalon Hotel.

18. BURIAL, CREMATION, OR REMOVAL PLACE Danville, Mo. DATE 6 - 7, - 1934

19. UNDERTAKER (ADDRESS) O. R. Lupton + Sons 4449 Olive Street

20. FILED 1 N 07 1934, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to June 6, 1934

I last saw her alive on June 6, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Bronchi-Pneumonia — Date of onset 2 Wk

1044
1066
97
1070

Other contributory causes of importance:

Senile Arteriosclerosis
Chr Bronchitis

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? no 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) Louis H. Behrens, M. D.

(Address) 102 No Broadway