

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.

NOV 13 1934

37408

1. PLACE OF DEATH

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

File No.....
Registered No. 0821
St. Ward

2. FULL NAME

(a) Residence, No. 231-5- Jefferson 21 Ward

Length of residence in city or town where death occurred 12 1/2 yrs. 1 mo. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>54</u>	<u>8</u>	<u>20</u>	

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. City Garbage-man

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) Arkansas

FATHER

13. NAME George Baker

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

MOTHER

15. MAIDEN NAME Frances Robinson

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

17. INFORMANT (ADDRESS) July Redneck 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson Cem DATE 10-8 1934

19. UNDERTAKER (ADDRESS) Ell: Funeral Home 9822 Standard St.

20. FILED CT - 8 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1934 to Oct 2nd 1934. I last saw him alive on 10-2-34. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:
Cancer of Stomach
4 hrs

Date of onset 7-8-34

Other contributory causes of importance:
46

Name of operation Clinical Date of Nov

What test confirmed diagnosis? Clinical 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) Russell H. Smith, M. D.
(Address) 2945 - Lawton Blvd.

