

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

Do not use this space.

41416

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City Saint Louis (No. 3016 Lucas Avenue) St. .... Ward)

File No. 11404  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Henry Baker

(a) Residence, No. 3016 Lucas Avenue St. 21 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) September 27/1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>19</u>	<u>2</u>	<u>0</u>	

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

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) Saint Louis  
(STATE OR COUNTRY) Missouri

13. NAME Henry Baker,

14. BIRTHPLACE (CITY OR TOWN) Saint Louis County,  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Butler

16. BIRTHPLACE (CITY OR TOWN) Saint Louis  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mayella Butler  
(ADDRESS) 3016 Lucas Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Breedwood DATE 10-13-1934

19. UNDERTAKER Charles J. Bates  
(ADDRESS) 4107 Finney Avenue

20. DIED 30 1934 19.....  
J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 23 - 1934 to November - 27 - 1934  
last saw him... alive on November - 27 - 1934 Death is said

to have occurred on the date stated above, at 9:49 P.M.

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

Date of onset not known

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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.....

(Signed) J. F. Bredeck, M. D.  
(Address) 3106 Lucas Avenue

WRITE IN PLAIN, 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.

