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.

JAN 14 1935

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

Do not use this space.

41454

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 3912a Enwright St. ..... Ward)

File No. .....

Registered No. 11446

2. FULL NAME Delores Baker

(a) Residence, No. 3912a Enwright St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 29-1912

7. AGE: YEARS 22 MONTHS 10 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.: Domestic

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) (STATE OR COUNTRY): Ky.

FATHER

13. NAME: Joseph Wever

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Lacy Hill

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

17. INFORMANT (ADDRESS): Lacy Hill, 3912 Enwright

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Father Dickson Cem. DATE: Dec 4 1934

19. UNDERTAKER (ADDRESS): F. A. Greer, 2915 Franklin ave

20. FILED: DEC -2 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1934, to 11-30, 1934

I last saw her alive on 11-30, 1934. Death is said to have occurred on the date stated above, at 2:15 a m.

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

Pneumonia Bronchial primary — Date of onset 11-23-34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physician Was there an autopsy?

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) [signature], M. D.

(Address) 2746 [illegible]