

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County.....
Township.....
City..... ST. LOUIS (No. 4506 Blair Ave)

Registration District No. 791
Primary Registration District No. 1003

File No. 44388
Registered No. 11449
St. _____ Ward _____

2. FULL NAME

GEORGE E. BAKER

(a) Residence No. 4506 BLAIR St. 9 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED WIDOWER
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-2 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF THE LATE (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from Dec-2 1934 to Dec-2 1934 that I last saw him alive on Dec-1 1934, and that death occurred, on the date stated above, at 1:30 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT 10TH 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 - 1 21

Pneumo Pneumonia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED PHOTOGRAPHER
(b) General nature of industry, business, or establishment in which employed (or employer) 107th 1003
(c) Name of employer _____

CONTRIBUTOR (SECONDARY) Chronic Bronchitis (duration) 35 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Geo BAKER

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

19. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER May Hume

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. J. Maggiano M. D.
, 19 (Address) 2021 1/2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT BERNARD D. BAKER
(Address) 4506 Blair Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Dec 4th 1934

15. FILED LEC - 3 1934 J. F. Bruck REGISTRAR

20. UNDERTAKER Edward Koch ADDRESS 3516 1/2 14th St

Every statement of death must be accompanied by a statement of the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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