

FEB 24 1936

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

Do not use this space.

3998 Y

1. PLACE OF DEATH

County St. Louis
Township Jefferson Barracks
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248B
(No. Vet. Hospital)

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

BAKER, Richard M.

(a) Residence, No. 1324 Michael Avenue St. _____ Ward St. Louis County, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn 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 (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1935 to January 21, 1936

I last saw him alive on January 21, 1936 Death is said to have occurred on the date stated above, at 2:40 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 2 20

Cholecystitis, chronic, acute exacerbation, with hepatitis. Unkn.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unavailable

Other contributory causes of importance: Arteriosclerosis, general Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

13. NAME Unavailable

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

15. MAIDEN NAME Unavailable

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

17. INFORMANT M. Schilling Clinical Clerk (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Jan 23 1936

19. UNDERTAKER Carroll Undertaking Co. (ADDRESS) 1115 W. Washington

20. FILED Jan 21, 1936 G. Mowery Registrar

Physical examination, clinical manifestations, X-ray and lab. findings. Date of operation. None. 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)

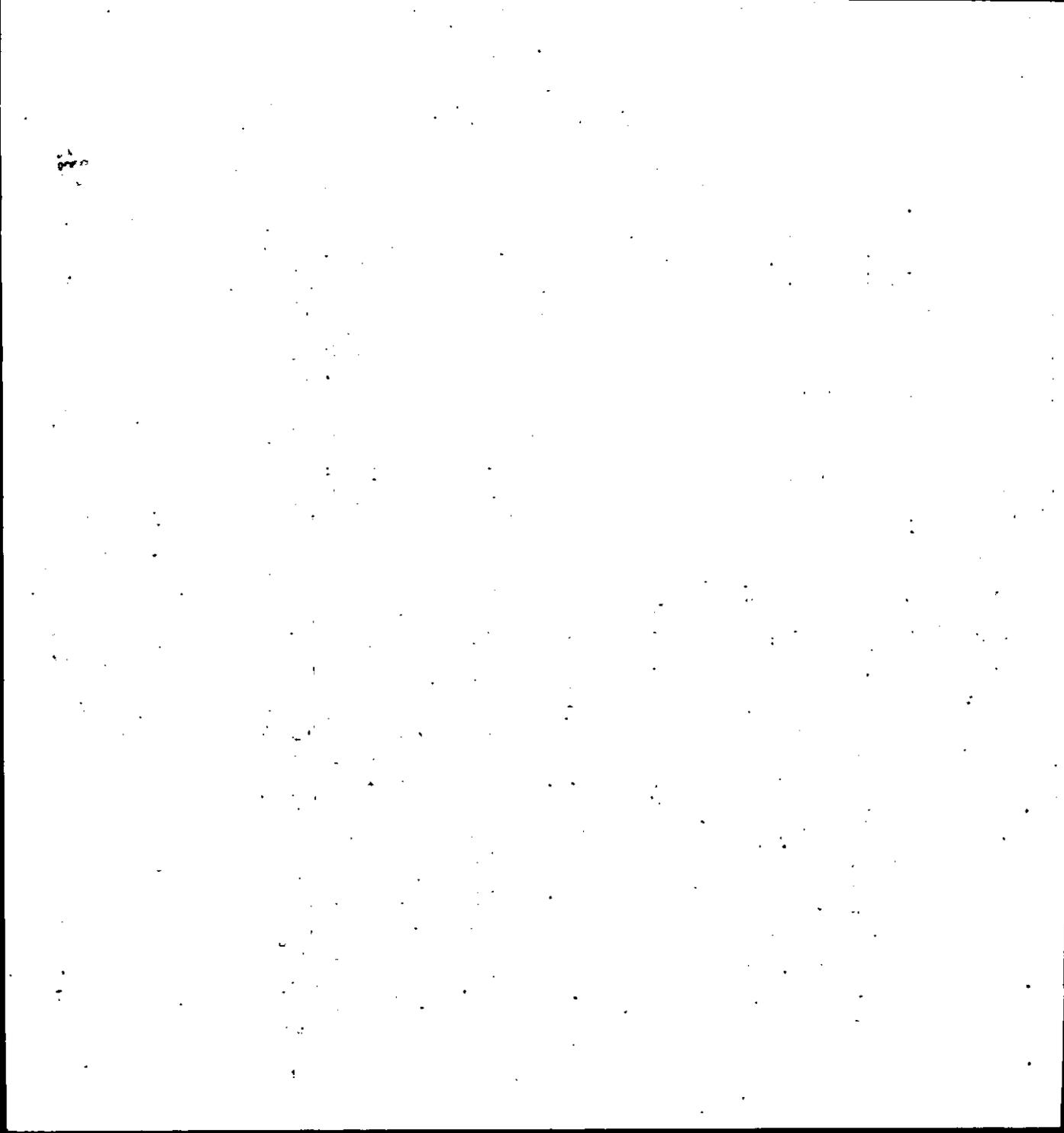
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. W. HUGHES, M.D., Chief Med. Officer (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County St. Louis
Township Carondelet
City..... (No....., Ward)

Registration District No. 1123
Primary Registration District No. 6248B

File No.....
Registered No.....

2. FULL NAME

Baker, Richard M.

(a) Residence, No....., St....., Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or a min.
67 2 20

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1-21, 1936 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1936

22. I HEREBY CERTIFY, that I attended deceased from....., 19....., to....., 19.....

I last saw the deceased alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Cholecystitis, Chronic acute exacerbation with hepatitis. Date of onset

Other contributory causes of importance:
(May - no evidence of stones)

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?..... 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) C. W. Hughes M. D.
(Address) Dep. Adm. Faculty, Jefferson

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