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.

MAR 12 1936

8022

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1693

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

City St Louis (No. ....., City Hospital #2 St. ..... Ward)

2. FULL NAME Lena Baker

(a) Residence, No. 2808 Chouteau St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 2918 Papin

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

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1879

7. AGE YEARS 56 MONTHS 7 DAYS 24 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. at home
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) Wellsville Mo

FATHER
13. NAME Henry Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Laura Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Bertha Harris Richardson 2808 Chouteau

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENWOOD CEM DATE 2-15 1936

19. UNDERTAKER (ADDRESS) A. Russell Und. Co 2732 Pine St

20. FILED FEB 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10, 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:13 A.m.

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

Apoplexy (cerebral) — Date of onset

Other contributory causes of importance: 82

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

What test confirmed diagnosis? ..... Was there an autopsy? 2.00

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) Harold [illegible], M. D.

(Address) .....