

APR 11 1936

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

Do not use this space.

791
1003

File No. 12991
3059
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City *St. Louis* (No. *419592*)

Registration District No. _____
Primary Registration District No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Robert Baxter

St. *Maryland*

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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *OCT 18 1862*

7. AGE YEARS *73* MONTHS *5* DAYS *2* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Scotland*

13. NAME *William Baxter*

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

15. MAIDEN NAME *unknown*

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

17. INFORMANT (ADDRESS) *Wasp Dr. City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Nakoon, Ill.* DATE *3/24 1936*

19. UNDERTAKER (ADDRESS) *Albert W. Hoppes Ave. 429 N. Buckell Ave.*

20. FILED *MAR 21 1936* *J. Predeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/20/36*

I HEREBY CERTIFY, That I attended deceased from *3/14 3:00 PM*, to *3/20/36*, 19____

I last saw him/her alive on *3/20/36*, 19____. Death is said to have occurred on the date stated above, at *11:20 AM*.

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

Carcinoma of tongue

H/S

Other contributory causes of importance: *Metastasis from tongue*

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) *M. A. Seales* M. D.
(Address) *City St. Louis*

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.

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