

JUN 5 1936

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

Do not use this space.

20755 ✓

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis Children's Hospital*

File No.....

Registered No. **4939**

St. .... Ward)

2. FULL NAME *Richard Allan Baker*

(a) Residence, No. *1220 W. 62nd St.* St. *NR* Ward. *Kansas City, Mo.*  
(Usual place of abode)

*Kansas City, Mo.*  
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 16<sup>th</sup> 1933*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*2 4 19*

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) *Kansas City Mo.*

13. NAME *Michael H. Baker*

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

15. MAIDEN NAME *Hermietta Schlesinger*

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

17. INFORMANT (ADDRESS) *J. M. C. Brown*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Kansas City, Mo.* DATE *May 8<sup>th</sup> 1936*

19. UNDERTAKER (ADDRESS) *Albert H. Hoffe Inc*

20. *MAY 6 - 1936* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-5-36* 19

22. I HEREBY CERTIFY, That I attended deceased from *3-15-36* 19, to *5-5-36* 19

I last saw h.i.m. alive on *5-5-36* 19. Death is said

to have occurred on the date stated above, at *3:45 P.M.*

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

*Nephritis - chronic  
pyelonephritis - gross type II  
Sepsis - gross type II  
Cause unknown  
Pneumococci #4*

Date of onset *8 wks.*

*4 days*

*4 days*

Other contributory causes of importance:

*1/21*

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) *Alfred F. Hartman*, M. D.

(Address) *500 S. Kingshighway*

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In addition, the document highlights the need for regular audits. By conducting periodic reviews, any discrepancies can be identified and corrected promptly. This proactive approach helps in maintaining the integrity of the financial system.

Furthermore, it is noted that clear communication is essential. All parties involved should be kept informed of the current status and any changes that may affect the records. This fosters a collaborative environment and reduces the risk of misunderstandings.

The second section of the document provides a detailed overview of the reporting process. It outlines the specific steps that must be followed to generate accurate reports. This includes data collection, validation, and final review. Each step is clearly defined to ensure consistency across all reports.

It is also mentioned that reports should be presented in a clear and concise manner. The use of tables and charts can help in visualizing the data, making it easier to interpret. However, it is important to ensure that the data is correctly represented and not misleading.

Finally, the document concludes by stating that the ultimate goal is to provide reliable information to the management. This information is crucial for making informed decisions and for the overall success of the organization. Therefore, attention to detail and adherence to the established procedures are paramount.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County St. Louis Registration District No. 791 File No. \_\_\_\_\_  
 Township St. Louis Childrens Hosp Primary Registration District No. 1003 Registered No. 4939  
 City St. Louis St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1270 W 67th Kansas City Mo (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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

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 .....min.  
2 4 19

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 6-16-1936 J. D. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 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.....m.

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

Septicemia - Chronic  
Bertolotti's - new type 4  
Septicemia - new type 6  
Cause unknown  
Pneumococci # 4

Date of onset  
5 weeks  
4 days  
4 days

Other contributory causes of importance:  
Undetermined pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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) Alexis F. Hartmann, M. D.  
 (Address) 500 S. Kemp Highway

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.

**ST. LOUIS**

S-20755