

NOV 4 1936

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

Do not use this space.

39306

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St. Louis

(No. 4131 Shenandoah

File No. ....

Registered No. 10341

St. .... Ward)

2. FULL NAME Charles E. Baker

(a) Residence, No. 4131 Shenandoah St. 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
59 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kent  
(STATE OR COUNTRY) England

13. NAME Alfred Baker

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mayme Baker  
(ADDRESS) 4131 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE Oct. 15/36

19. UNDERTAKER W. W. McLaughlin  
(ADDRESS) 2501 Laravette Ave.

20. FILED J. P. Bredeck Registrar.  
OCT 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 to Oct. 19, 1936

I last saw him alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Carcinoma of Tongue  
Date of onset

Other contributory causes of importance: X 3 B

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? No

If so, specify.....

(Signed) George A. Caswell, M. D.

(Address) 607 N. Grand

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.

1 X7284

