

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. LouisRegistration District No. 791
Primary Registration District No. 1003
(No. 2837 Benton Street)File No. 3432
Registered No. 464
St. _____ Ward _____2. FULL NAME Winnie Baker(a) Residence, No. 2929 Cass Ave. St. 20 Ward 1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George S. Baker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8-18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 3OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 25
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 occupation12. BIRTHPLACE (CITY OR TOWN) Benton (STATE OR COUNTRY) Ill.FATHER 13. NAME Thomas Mitchell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.MOTHER 15. MAIDEN NAME Ann Ray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Mrs. Clarence McMahan (ADDRESS) 1920 Cass Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Fredrick Town Mo DATE Jan 13 193719. UNDERTAKER Central and Es Inc. (ADDRESS) 1841 Cass Ave.20. FILED 1861 37 1110 J. H. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10-37. 193722. I HEREBY CERTIFY, That I attended deceased from Jan 8 37 to Jan 10 37
I last saw her alive on Jan 10 37 Death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:Obese, Senile, Pneumonia. Date of onset 1-8-37Other contributory causes of importance: Senile, 1-8-37
Chronic nephritis,
Pneumonia, etc.

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 _____ 1937Where 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) J. H. Predeck M. D.
(Address) 1875 Madison

Dr. Striegel.
19th. & Madison.