

APR 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Charles
Township Dardenne
City St. Charles (No. 2, Ward 2)

Registration District No. 160 B
Primary Registration District No. 6.001

File No. 13221
Registered No. 14

2. FULL NAME

(a) Residence, No. Earl Baker St. Clayton Ward 2

(Usual place of abode)

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

X

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

July 4 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

104

21

8

10

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

Truck driver

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)

Adams Co. Ill

13. NAME

Fred Baker

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

Adams Co. Ill

15. MAIDEN NAME

Mrs. Keff

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

Adams Co. Ill

17. INFORMANT (ADDRESS)

Irvin Grady
Adams Co. Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clayton Ill

DATE

3/15

1937

19. UNDERTAKER (ADDRESS)

E. A. Keith
Adams Co. Ill

20. FILED

Mar 15

1937

E. A. Keith

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14- 1937

22. I HEREBY CERTIFY, That I attended deceased from

1937, to 1937

I last saw him alive on 1937 Death is said

to have occurred on the date stated above, at 11:30 m.

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

Traumatism left chest
and left face.

Other contributory causes of importance:

Name of operation 210 M Date of 1937

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3-14- 1937

Where did injury occur? U.S. Highway 40-2 1/2 mi. S. Clayton Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place U.S. Highway - Automobile Collision

Nature of injury Crushed left chest - instant death

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify if

(Signed) John H. Bruce

(Address) Coroner

St. Charles, Co. Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

