

JAN 24 1938

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

46749  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790  
(b) Township Clayton Primary Registration District No. 60339 Registered No. 486  
(c) City Clayton (d) Street No. St. Louis County Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Genevieve Baker

(a) Residence, No. 5015 Carson Rd. Normandy, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.  
9. Industry or business in which work was done, as 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) Mo. 1

FATHER 13. NAME Roy Baker 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

MOTHER 15. MAIDEN NAME Mary ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

17. INFORMANT ROY BAKER  
(ADDRESS) 5015 CARSON RD

18. BURIAL, CREMATION, OR REMOVAL PLACE FEE FEE, CEM DATE 12-30-37

19. FUNERAL DIRECTOR BAUMANN BROS. INC.  
(ADDRESS) OVERLAND MO

20. FILED 12/30 37 Dr J. Aguiar  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-37 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 12-29, 1937.

I last saw him alive on 12-29, 1937. Death is said

to have occurred on the date stated above, at 3<sup>40</sup> m.

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

Broncho pneumonia (Primary) Date of onset 12-26-37

Other contributory causes of importance:

Pneumonia acute

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

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 M. Lusk, M. D.

(Address) St. Louis Co Hospital

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.

STATEMENT BY LICENSED EMBALMER

I, Oscar J. Mueller, Licensed Embalmer No. 3039

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.  
No. 3039 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Oscar J. Mueller  
Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)