

FEB 12 1938

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

441  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis, Mo. (d) Street No. City Infirmary 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 Rebecca Baker 260

(a) Residence, No. City Infirmary St. 13  
 (Usual place of abode, if no street address, write county or city) (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) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 8 10

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) St. Louis, Mo.

FATHER 13. NAME Woodsville Wiley

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Margarite Baker Viner  
 (ADDRESS) 4728 Peacon Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial Park DATE Jan 10, 1938

19. FUNERAL DIRECTOR Edith E. Ambuster  
 (ADDRESS) 4234 Manchester Ave.

20. FILED Jan 10 1938 J. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

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 2:40 A.M.

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

Fracture of neck of right femur, suffered when she fell from a rocking chair to the concrete floor, at the City Infirmary, on Dec. 8, 1938 at about 10:30 A.M.

Other contributory causes of importance:

Arteriosclerosis.

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 12/8, 1937

Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)

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

City Infirmary

Manner of injury See Above.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Walter G. Perry, M.D.

(Address) Corcoran

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. OCCUPATION to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed: *Florenz Eynck*  
Licensed Embalmer No. *1284*

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