

REC'D MAR 14 1938

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



Registered No. 1719

1. PLACE OF DEATH Homer G Phillips Hospital Registration District No. 791
 (a) County..... Primary Registration District No. 1003
 (b) Township..... St. Louis (c) Street No. 2601 N Whittier St.
 (d) Life (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 Charles Baker 260
 (a) Residence, No. 2002a S 3rd St. 33 (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 <u>M</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1880</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>nil</u>
	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) <u>Missouri</u>		
FATHER	13. NAME	<u>Munroe Baker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u>
MOTHER	15. MAIDEN NAME	<u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u>
17. INFORMANT (ADDRESS) <u>Evelyn Hilliard</u> <u>2601 N Whittier</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>oakdale</u> DATE <u>2-18 38</u>		
19. FUNERAL DIRECTOR <u>A. H. Burks</u> (ADDRESS) <u>1619 S. 3rd. Str.</u>		
20. FILED <u>FEB 18 1938</u> <u>J. F. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1937 to Feb. 12 1938
 I last saw him alive on Feb. 12 1938 Death is said to have occurred on the date stated above, at 4:10p.m.
 The principal cause of death and related causes of importance were as follows:

BronchopneumoniaDate of onset
10/23/37Other contributory causes of importance:
Suppurative nephritis, chronicName of operation..... Date of.....
What test confirmed diagnosis? Clinical 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?.....
 If so, specify.....
 (Signed) A. L. Lewis....., M. D.
 (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

Louis V. Atkins

Licensed Embalmer No.

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hereby certify that the body recorded on the reverse side of this certificate was embalmed by

m

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No.

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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.)