

DEC'D MAR 24 1938

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

8091
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 96
(b) Township Clayton Primary Registration District No. _____ Registered No. 344
(c) City Clayton Mo. (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Otto Baker 260
(a) Residence, No. 1242 Hodiament Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1902I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 12:10 PM.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 8

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chaueffer-
9. Industry or business in which work was done, as saw mill, bank, etc. Reed Furn. Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Suicide by
ligured poison
(air of wintergreen) 2/21/38
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Other contributory causes of importance:

FATHER 13. NAME George M. Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? YesMOTHER 15. MAIDEN NAME Mary J. Hobbs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/21/38
Where did injury occur? Clayton Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Mr. Ralph T. Baker
(ADDRESS) 1228 Tamm Ave.Manner of injury Suicide by poison
Nature of injury Suicide by poison18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Feb. 24, 193819. FUNERAL DIRECTOR Arthur J. Donnelly Undt.
(ADDRESS) 3840 Lindell Blvd.24. Was disease or injury in any way related to occupation of deceased? No
If so specify _____
(Signed) John O. Caswell, M.D.
(Address) Caswell, St. Louis Mo.20. FILED 2-22 1938 P. R. Meyer M.D. Dr. PH
Local Registrar. 707

(Licensed Embalmer's Statement on Reverse Side)

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, Alfred F. Boedeker, Licensed Embalmer No. 2663

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Alfred F. Boedeker

Licensed Embalmer No. 2663

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.)