

REC'D NOV 16 1938

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

34197
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **Saint Louis, Mo** (d) Street No. **1924-A Wash Street** St.
(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.

Registered No. **9183**

2. PRINT FULL NAME

266 Mrs. Lena Baker
(a) Residence, No. **1924-A Wash Street** St. **21**
(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 **colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 12, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 50 **4** **8**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laundry**
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) **Memphis**
(STATE OR COUNTRY) **Tenn.**

FATHER 13. NAME **John Gillard**
14. BIRTHPLACE (CITY OR TOWN) **Tenn.**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Lula**
16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

17. INFORMANT **Juanita Harris**
(ADDRESS) **1924 Wash St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Oct 23, 1938**

19. FUNERAL DIRECTOR (NAME) **W.S. Wade Und. Co.**
(ADDRESS) **4202 Finney Avenue**

20. FILED **OCT 23 1938** **Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **May**, 19**38**, to **Oct 20**, 19**38**
I last saw her alive on **Thur. Oct 20**, 19**38**. Death is said to have occurred on the date stated above, at **12:17 P.M.**
The principal cause of death and related causes of importance were as follows:

Asphyxiation
Hypertension
Date of onset **10/20**
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **J. H. Hays**, M. D.
(Address) **111 W. Jefferson Ave**

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

....., or by

Registered Apprentice No....., working under my personal supervision

Signed

Shirley J. Watts

Licensed Embalmer No. *2498*

P. O. Address. *2769 Chow*

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.)

If this body is not embalmed, above space should be left blank.