

REC'D JUN 12 1939

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

16477  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) or City..... **St. Louis** .....  
(d) Street No. **Homer Phillips 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 **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791

1003

4011

2. PRINT FULL NAME **John Thomas Baker**

(a) Residence, No. **3105a Caroline** St. **18**  
(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 **M** 4. COLOR OR RACE **C** 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) **Sept. 23, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**27 7 5**

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

FATHER 13. NAME **John Thomas**

14. BIRTHPLACE (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Amonda Jones**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**  
(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**  
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE **May 3, 1939**

19. FUNERAL DIRECTOR (NAME) **McDowell Funeral Home**  
(ADDRESS) **3606 Franklin Ave**

20. FILED **MAY 19 1939** **J. D. Bredak**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 9, 1939** to **April 28, 1939**

I last saw him alive on **April 28, 1939** Death is said to have occurred on the date stated above, at **1 p. m.**

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

**Transverse myelitis**

Date of onset **4/9/39**

Other contributory causes of importance:

**Lymphogranuloma inguinale**

**Prob. proctitis, non tubercular**

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

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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?.....

so, specify.....

(Signed) **A. C. Irving**, M. D.

(Address) **2601 N Whittier**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

*William C. McDowell*

Registered Apprentice No.

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No.

*2114*

P. O. Address

*3506 Franklin A*

**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.**