

1939 OCT 12

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH32430
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 315
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 725
 (c) City SPRINGFIELD (d) Street No. 846 W. Webster 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Margaret Baker
 (a) Residence, No. 846 W. Webster St. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 62 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. (Hanging)
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 16 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Henry Sutter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Basel, Switzerland15. MAIDEN NAME Rosa Schaeffer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Ruth Baker
846 W. Webster18. BURIAL, CREMATION OR REMOVAL PLACE Billings, Mo. DATE October 1, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Thieme
Springfield20. FILE Sept 29, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her dead alive on 9-29, 19....., to 19....., 19..... Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Death by strangulation
(Hanging)
16 1/2

Other contributory causes of importance:

Developmental melancholia

Name of operation Date of 222.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 9/28, 1939Where did injury occur? 846 W. Webster

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury by hangingNature of injury by hanging24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify 14(Signed) R. M. White (M. D.)(Address) Corner Boone County

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.....

Fred C Thieme....., Registered Apprentice No. *2899*
working under my personal supervision.

Signed *Fred C Thieme*.....

Licensed Embalmer No. *2899*.....

P. O. Address *Springfield, Mo*.....

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.

X