

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

4093

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution 7 months
 (Specify whether _____)
 In this community 28 years
 (years, months or days)

3. (a) PRINT FULL NAME LIZZIE BAKER 260
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex female
 5. Color or race col
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1 1897
 (Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife 9

11. Industry or business _____

12. Name Sam Baker 0

13. Birthplace not known
 (City, town, or county) (State or foreign country)

14. Maiden name Marjorie Baker
 (City, town, or county) (State or foreign country)

15. Birthplace St Charles Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Glenn Thomas

(b) Address 2331 Spruce St

17. (a) _____ (b) Date thereof 5/7/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM

18. (a) Signature of funeral director James B. Shaw

(b) Address 215 S Jefferson Ave

19. (a) MAY 7 1940 (b) _____
 (Date received local registrar) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2390 R Chouteau
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1940 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from
November 3, 1939, to May 2, 1940;
 that I last saw her alive on May 2, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Approx 4 yrs
 Duration

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. W. Allen (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chautauque*

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.