

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33544**
Registrar's No. **8502**

FILLED NOV 24 1941

1003

Registration District No. **791**

Primary Registration District No. _____

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4647 Sanfrancisco Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Julia Baker**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 3rd 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Freeport Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Murphy**

13. Birthplace **2 Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Baker**

(b) Address **4647 Sanfrancisco Ave**

17. (a) **Burial** (b) Date thereof **10/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **27 1941** (b) **J. F. Busch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **717**
(d) Street No. **4647 Sanfrancisco Ave** (If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **26th**
year **1941** hour **2** minute **30a** M.

21. I hereby certify that I attended the deceased from **2.8.1938** to **10.25.41**
that I last saw her alive on **10.25.1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix**

Duration **4 yrs**

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 **Car**

23. Signature **Chas. Just** (M. D. or other) **M.D.**

Address **3500 N. Grand** Date signed **10-27-41**

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..... 7.2.65

P. O. Address..... 46 - 2nd Bridge on

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, fact should be so stated above.