

S. No. 2
M-9-4-41
v. 5-17-39
X29484

25652

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 4 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7281

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL"
(d) Street No. 1104 Hadley St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHIRLEY JEAN BAKER.

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

4. Sex Male 5. Color or race col. 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased 8 9 42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wittie D. Baker

13. Birthplace Newport, Ark
(City, town, or county) (State or foreign country)

14. Maiden name Freddie Mae Jones

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

16. (a) Informant D. Dunning
(b) Address 500 S Kingshighway

17. (a) Buried (b) Date thereof AUG 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antwood Bond

18. (a) Signature of funeral director W. R. Riehl
(b) Address 3500 Rutledge
19. (a) AUG 31 1942 J. B. Bledsoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 42 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-9 to 8-13, 1942
that I last saw him alive on 8-13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____
Due to 159

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

Major findings: _____
Of operations _____
Of autopsy 1

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)

(i) Means of injury _____
23. Signature D. L. Barnett (M. D. or other) _____
Address 500 S Kingshighway Date signed 8-13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

P. O. Address.....

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.