

FILED APR 19 1943

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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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Lesterville
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Della Baker

3. (b) If veteran, name war..... 3. (c) Social Security No none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence Baker 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 26 1921
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

21	8	5	hr. min.
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Immediate cause of death Sepsis arising at the hands of party or parties who could not be identified

Duration at the hands of party or parties who could not be identified

Due to.....

Due to.....

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

10. Usual occupation Housewife

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.

11. Industry or business.....

MOTHER FATHER { 12. Name Leonard Miner

{ 13. Birthplace Lesterville Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Naomi Black

{ 15. Birthplace Black Mo.
(City, town, or county) (State or foreign country)

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

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

(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 2. Poison

23. Signature Albert H. Hoppe (M. D. or other)

Address 4700 Washington Blvd. Date signed 4/1/43

16. (a) Informant Clarence Baker

(b) Address Lesterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lesterville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 1 1943 (Date received for registration)

J. F. [Signature] (Registrar's signature)

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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.....

J. W. Wilkins

Licensed Embalmer No.....

3575

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.