No. 2
5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24746

FILED AUG 7 1943

Local Registration District Number 77

Primary Registration District No. 3016

Registrar's No. 148

1. PLACE OF DEATH:
(a) County: Cole Co Mo
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: (142)
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: California, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No.: -- 1
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Helen Christine Baker

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

4. Sex: F
5. Color or race: W
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: Feb (Month) 6 (Day) 1908 (Year)

8. AGE: Years 35 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: Cooper Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Textile Worker
11. Industry or business:
FATHER
12. Name: Peter Jos. Baker
13. Birthplace: Cooper Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rose Marie Strickfaden
15. Birthplace: Cooper Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Baker
(b) Address: California Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7 7 43 (Month) (Day) (Year)
(c) Place: burial or cremation: California Mo
18. (a) Signature of funeral director: Williams & Friedmeyer
(b) Address: California Mo
19. (a) 7-7-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 6-29, 1943, to 7-7, 1943, that I last saw her alive on 7-7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalitis Sporadic type	10 days
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: F. W. Gillham (M. D. or other)
Address: Jefferson City Mo Date signed 7-8-43

(1-10-43) 894 (Licensed Embalmer's Statement on Reverse Side)

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 N E Fredemeyer

Licensed Embalmer No. 2854

P. O. Address California 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, fact should be so stated above.