

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
In this community 9 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pattonville
(If outside city or town limits, write "RURAL")
(d) Street No. Overland, Rural Route #7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Marjorie Baker

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. 12 1914
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Henry Kalz
13. Birthplace St Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Esther O'Brien
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Esther McAdams

(b) Address R # 7 Box 669 Overland, Mo.

17. (a) Burial (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
Zion Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Baumman Bros Inc
2504 WOODSON R. OVERLAND

(b) Address _____

19. (a) APR 13 1945 (b) E. G. McCarver M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1945 hour 8 minute 23 P.M.

21. I hereby certify that I attended the deceased from 3
21 1945 to 4 1945

that I last saw her alive on 4-8-45 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis Duration _____

Due to asc
Due to _____

Other conditions Chronic suppurative pleurisy
(Include pregnancy within 3 months of death)

Major findings: Multiple abscesses of spleen
Of operations same

Of autopsy _____
Underline the cause to which death should be charged statistically.

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

(c) 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 Arthur J. Nicolson (M. D. or other) M.D.

Address 601 Baumman Blvd Date signed 4/19
style 1/45

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

16
320

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 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.

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