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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **338357**
Registrar's No. **9888**

Registration District No. **318** Primary Registration District No. **1003**

49
37172
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 2742 Thomas Ave 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2190
(c) City or town St. Louis
(d) Street No. 2742 Thomas St.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Allan Eugene Baker
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 3 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Black
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 3 1946
(Month) (Day) (Year)

Immediate cause of death _____
Due to preexisting congenital debility
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

159
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Child
11. Industry or business _____
12. Name mother
13. Birthplace Missouri
14. Maiden name Catherine Marie
15. Birthplace Cotton Plant, Arkansas
16. (a) Informant Agnes Lopez
(b) Address 11429 No. 10 St.
17. (a) Burial (b) Date thereof. 11-20-46
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director Peoples Home
(b) Address NOV 20 1946
19. (a) _____ (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 D
23. Signature W. J. Perry (M. D. or other) _____
Address Peoples Home Date signed 11/20/46

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.