

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:
3614^A SHENANDOAH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DO
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 177
(d) Street No. 3614^A SHENANDOAH
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE BAKER

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

4. Sex FEMALE 5. Color or race W
6. (a) SINGLE, widowed, married, divorced, WIDOW
6. (b) Name of husband or wife ROBERT BAKER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC. 7 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 11 hr. min.

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

10. Usual occupation CANDY DIPPER

11. Industry or business MAVOROCAS

12. Name MICHAEL BUTLER

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

14. Maiden name BRIDGET LYDON

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

16. (a) Informant Mrs Marie Carter

(b) Address 3614^A Shenandoah

17. (a) BURIAL (b) Date thereof MARCH 21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director E. J. Schmer

(b) Address 3125 Lafayette St. Av.

19. (a) MAR 20 1947 (b) Registrar's signature J. F. Bredecke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 12 minute 40 p. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1947 to March 18, 1947
that I last saw her alive on March 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature P. Benjamin (M. D. or other) _____

Address 2253 Webster Date signed 3.20.47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Joseph Vollmer

Licensed Embalmer No..... *4014*

3125 Lafayette av
P. O. Address..... *St Louis Mo 4*

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.