

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28815

FILED SEP 8 1947

State File No.

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

8182

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: St. Louis Children Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community like years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3953 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Girl Baker

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

4. Sex F 3 5. Color or race Co1
6. (a) Single, widowed, married, divorced 2344
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1749 27 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hr. 35 min.

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name Otis Baker
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Lee Tillman
15. Birthplace Helm Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Mae Tillman
(b) Address 3115 Thomas St
17. (a) Burial (b) Date thereof 8-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. Randle & Son
(b) Address 3133 Beech
19. (a) AUG 28 1947 (b) J. G. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 -
year 47 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8-27-1947 to 8-27-1947
that I last saw h. alive on 8-27-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis & massive
stomatitis & Peritonitis secondary
to necrotic
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

159

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature J. G. Bredeck (M. D. or other)
Address _____ Date signed _____

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

in name
& contact

100

100

100

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

James H. Randle

Licensed Embalmer No. *Not Embalmed*

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.