MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16438

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 4534

Township..... Primary Registration District No. [illegible] Registered No. 4534

City St. Louis (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Elizabeth Ann Baker

(a) Residence. No. 5965a Highland Ave. St. Ward. 6 (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelius Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 1881.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Patrick Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Catharine Fitzmorris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Cornelius Baker
(Address) 5965a Highland Ave.

15. FILED APR 18 1929, 19..... Max C Starkeff Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1929, to Apr 17, 1929 that I last saw her alive on Apr 11, 1929, and that death occurred, on the date stated above, at 2.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
46B
46F
46E
44a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Metastasis to Liver-Pancreas
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 11, 1929?
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Each
(Signed) J. H. Bremer, M. D
April 18, 1929 (Address) 517 Beaumont Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL April 20, 1929.

20. UNDERTAKER Jos. W. Clark. ADDRESS 1125 Hodiamont Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

15-15-8 2 25

5-17 Beaumont Bldg
11-[illegible] Jef 1800