

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

Do not use this space.

41136

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Home for the Aged)

File No.....
Registered No. 11799
St. Ward)

2. FULL NAME George Baker.

(a) Residence. No. 3400 S. Grand Blvd. St. 16 Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Baker.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1843.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	11	29.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). Odd jobs.
(c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>Jacob Baker.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Dont Know.</u>
	12. MAIDEN NAME OF MOTHER <u>Ejondie Myers.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Dont Know.</u>

14. INFORMANT Sister Friends Superior
(Address) 3400 S. Grand Blvd.

15. FILED 18 1933 Max O. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to Dec 17 1930 that I last saw him alive on Dec 17 1930, and that death occurred, on the date stated above, at St. Louis m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2777

acute myocardial

42A
97
CONTRIBUTORY (SECONDARY) arterio sclerosis yrs. mos. 1 da.

(duration) yrs. mos. 17 da.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS? Dr. Baker M. D.
(Signed) Dr. Baker

(Address) 3165 S. Grand
*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 SS. Peter & Paul Cemetery. DATE OF BURIAL Dec. 19 1930.

20. UNDERTAKER J.A. Gasken L. & U.C. ADDRESS Meramec.

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.

