

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

Do not use this space.

3135

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 2737-A, Stoddard St.) St. Ward)

File No.
 Registered No. 347

2. FULL NAME

(a) Residence. No. 2737 Stoddard St. St. 21 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 6 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cory
 (STATE OR COUNTRY) Miss 2

10. NAME OF FATHER Wm Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cory
 (STATE OR COUNTRY) Miss 1

12. MAIDEN NAME OF MOTHER Wm Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
 (STATE OR COUNTRY) 21

14. INFORMANT Sylvester Baker
 (Address) 2737 Stoddard St

15. FILED -4 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/3/31 19

17. I HEREBY CERTIFY, That I attended deceased from 12/27/30, 19, to 1/2/31, 19, that I last saw him alive on 1/2/31, 19, and that death occurred, on the date stated above, at 8:29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

LOBAR PNEUMONIA
108
92A (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) ACUTE MYOCARDITIS
 (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 108

DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS PHYSICAL EXAM
 (Signed) Stephen Vegear, M. D.
1/4/31, 19 (Address) 3202 PARK

*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 Washington Park DATE OF BURIAL 1-11 1931

20. UNDERTAKER Jc Lewis Webster Groves ADDRESS 7700

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

