WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21521

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 5310

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo (No. St Louis Maternity Hospital St. ..... Ward)

2. FULL NAME Infant Baker

(a) Residence, No. ~~1769 Nicholson Pl~~ St. 16 Ward.
(Usual place of abode) 4067 Connecticut (If nonresident, give city or town and State)

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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Nil

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1933

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Wilbur Claude Baker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER

15. MAIDEN NAME Freida Jennice Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismark, Mo

17. INFORMANT (ADDRESS) Wilbur Baker 4067 Connecticut

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Matthew DATE 6-19 1933

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED June 18, 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

159

Prematurity

159

Other contributory causes of importance:

8

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A S Bickel, M. D.

(Address) 630 S Kingshighway