

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
100317076  
Do not use this space.

4937

Registered No. ....

## 1. PLACE OF DEATH

- (a) County..... Registration District No. ....
- (b) Township..... Primary Registration District No. ....
- (c) City ~~City Hospital~~..... (d) Street No. **Jewish Hospital**..... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Catherine Baker**

- (a) Residence, No. **4901 Maryland Ave** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>The Late W, Ben Baker</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 20 Th 1889</b>		
7. AGE YEARS <b>48</b>	MONTHS <b>10</b>	DAYS <b>9</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>House Work</b>		
9. Industry or business in which work was done, as 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) <b>Rolla Mo</b>		
13. NAME <b>Thomas Harrison</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Arlington Mo</b>		
15. MAIDEN NAME <b>Minnie Deegan</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Rolla Mo</b>		
17. INFORMANT <b>Thomas Harrison</b> (ADDRESS) <b>Kansas City Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cem.</b> DATE <b>May 30th</b> 1938		
19. FUNERAL DIRECTOR <b>Edward York</b> (ADDRESS) <b>3516 1/2 St</b>		
20. FILE <b>MAY 29 1938</b> <b>J. D. Bredbeck</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28** 1938

22. I HEREBY CERTIFY, That I attended deceased from **Oct 26** 1938, to **May 28** 1938  
I last saw h. e. alive on **May 28** 1938. Death is said to have occurred on the date stated above, at **2:40 A. m.**  
The principal cause of death and related causes of importance were as follows:  
**Arteriosclerosis of brain**

Date of onset **2 yrs.**

Other contributory causes of importance:  
**MI**

Name of operation..... Date of.....  
What test confirmed diagnosis: **Autopsy**..... Was there an autopsy? **Yes**.....

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? **No**  
If so, specify **Am. J. Beam**  
(Signed) **Am. J. Beam**, M. D.  
(Address) **3720 Washington - Pharis, Mo**

Indisposed to

Indisposed to

THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES  
-61

STATEMENT BY LICENSED EMBALMER

*B. H. Finn*

Licensed Embalmer No.

1391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by working under my personal supervision.

Registered Apprentice No.

*B. H. Finn*

Signed

Licensed Embalmer No.

1391

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.)