REC'D JUL 12 1938

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

20475
Do not use this space.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 5614

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Missouri Baptist 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 Mildred Irene Baker
(a) Residence, No. St. NR Bourbon, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1916
7. AGE: Years 22 | Months 2 | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) April 1937n
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon, Mo.

FATHER
13. NAME Edgar L. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

MOTHER
15. MAIDEN NAME Lily Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon, Mo.

17. INFORMANT Mrs. Lily Baker
(ADDRESS) Bourbon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bourbon, Mo. DATE 6-19 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 429 North Euclid Av

20. FILED JUN 22 1938 19 J. D. Buedick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1938, to 6-18 1938
I last saw her alive on 6-17 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Toxic urticaria following administration of neoarsphenamine for syphilis

Date of onset

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 —

(Signed) W. M. Winn, M. D.
(Address) 462 N. Taylor Ave.

Licensed Embalmer's Statement on Reverse Side)

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.

Mr Royce
Sullivan

5614

5614

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Albert E. Hopper

Licensed Embalmer No. 2971

P. O. Address .....

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.)

If this body is not embalmed, above space should be left blank.