

REC'D JUL 12 1938

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

20741
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. St. Louis Maternity 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.

Registered No. 5883

2. PRINT FULL NAME Baker, Infant Boy

(a) Residence, No. 4050 South Quincy St. 1 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 4³⁰ am
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Baker, Howard Henry
14. BIRTHPLACE (CITY OR TOWN) Baltimore, Md. (STATE OR COUNTRY)
MOTHER 15. MAIDEN NAME Jones, Mildred Margery
16. BIRTHPLACE (CITY OR TOWN) Ottumwa, Iowa (STATE OR COUNTRY)

17. INFORMANT H. H. Baker
(ADDRESS) 4050 South Quincy
18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ. DATE 6-29-38

19. FUNERAL DIRECTOR Dept. of Pathology Wash. University
(ADDRESS)
20. FILED J.P. Bredich Local Registrar

JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938
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 4:30 a m.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

(Stillborn - 32 weeks' gestation)

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify Melvin A. Poble M. D.
(Signed) Melvin A. Poble
(Address) 3720 W. 44th St.

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.

FORM 100-7 I X12004

58885

38885

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)