

REC'D SEP 12 1938

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

27108  
Do not use this space.

791  
1003

7122

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City **St. Louis,** (d) Street No. **Desloge 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 **Marie Baker,**

(a) Residence, No. **4327 Oleatha Av.** St. **15**  
(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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 15th 1895**

7. AGE YEARS **42** MONTHS **7** DAYS **24** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife.**  
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,** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Charles Lohman,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri,**

MOTHER 15. MAIDEN NAME **Louise, ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **Frank Baker.** (ADDRESS) **4327 Oleatha Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cem.** DATE **Aug 12th 1938**

19. FUNERAL DIRECTOR **Ziegler Bros.** (ADDRESS) **22623 Cherokee Av.**

20. FILE **AUG 11 1938** **J. B. Bledsoe** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 9 - 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 **7:30 a.m.**

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

**Ether Anesthesia, while undergoing Caesarean operation at Firmin Desloge Hospital.**

Date of onset

Other contributory causes of importance: **1490**

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 **Aug 9, 1938**

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

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

Manner of injury **see above**

Nature of injury.....

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

If so, specify **Alfred Perry** M.D.

(Signed) **Alfred Perry**

(Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Veard E. Morris, Licensed Embalmer No. 3360.

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

*VE Morris*

Licensed Embalmer No. 5360

**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.)**