

REC'D AUG 11 1939 **791**  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Children's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Nancy Carolyn Baker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Nil  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 15, 1934  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Carthage Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name DR. Earl E. Baker  
13. Birthplace Carthage Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Valla M. Shilcutt  
15. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. Earl E. Baker  
(b) Address Carthage Missouri

17. (a) Burial (b) Date thereof 7/13/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvs.

19. (a) JUL 11 1939 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Carthage NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 11  
year 1939 hour 10 minutes 04 A M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Resection of esophagus  
operating of Thymectomy  
for tuberculosis at  
St. Louis Children's  
Hospital on July 11, 1939  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1146  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury H  
23. Signature Joseph M. Quinn (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 7/11

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.

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**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

*J. S. Sullivan*

Licensed Embalmer No. *1122*

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.**