

NOV 13 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

8603

1. PLACE OF DEATH: I003

- (a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME Edna Lucille Baker 260

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 10 1921
(Month) (Day) (Year)8. AGE: Years 18 Months 8 Days 26 If less than one day
hr. min.9. Birthplace Houston Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Waitress

11. Industry or business _____

12. Name Marshall Baker13. Birthplace Houston Missouri
(City, town, or county) (State or foreign country)14. Maiden name Emma Guntharp15. Birthplace Ravine Springs Arkansas
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Emma Baker(b) Address Houston, Mo.17. (a) Removal (b) Date thereof 10/7/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Houston, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) OCT 7 1939 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 22
 (d) Street No. 1229 Morrison Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
 year 1939 hour 11 minute 20A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Laceration of liver, spleen
pancreas

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Crush of bare bones(b) Date of occurrence Oct 5 1939(c) Where did injury occur St. Louis Mo.(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Occupant of auto(Specify type of place)While at work? No (e) Means of injury Auto23. Signature Alfred Perry (M. D. or other) ✓Address St. Louis, Mo. Date signed 10-11-39

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. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *1704 Washington Blvd*

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.