

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 9 das
(Specify whether years, months or days) Unknown

3. (a) PRINT FULL NAME 260 Henry Baker

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

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

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

7. Birth date of deceased Jan 1st 1924 (Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 19 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation School Boy

11. Industry or business

12. Name James Baker

13. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

14. Maiden name Georgia Caldwell

15. Birthplace UNKNOWN Miss (City, town, or county) (State or foreign country)

16. (a) Informant James Baker

(b) Address 3110 Bell Ave

17. (a) Burial (b) Date thereof 2-22-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randleton

(b) Address 3133 Bell Ave

19. (a) FEB 23 1940 (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")
(d) Street No. 3110 Bell (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1940 hour 12:35 minute A. M.

21. I hereby certify that I attended the deceased from January 10, 1940 to February 18, 1940 that I last saw him alive on February 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis Duration 39 das

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Tuberculous Meningitis

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?

While at work (Specify type of place) (b) Means of injury

23. Signature Leonard Smart (M. D. or other)

Address 2601 N Whittier Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

Licensed Embalmer No. _____

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.