

13-40
17-39
X23159

Registration District No. **791** Primary Registration District No. **1003**

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 City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether in this community _____ years, months or days)

FILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hattie Baker

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 21 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 12 hr. min.

9. Birthplace Edinburg Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bethaniel Cockelreus

13. Birthplace Edinburg Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Graham

15. Birthplace Edinburg Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Fitzgerald

(b) Address 752 Bayard Ave.

17. (a) Burial (b) Date thereof 11/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) NOV 4 1940 (b) [Signature]
(Date received local health officer) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, year 1940 hour 8:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 31, 1940, to November 3, 1940
that I last saw her alive on November 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Pneumonia (M.P.P.)
no suppl. obtained

Due to Regenerative Heart

Due to Influenza

Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) 11/4/40
Address 1515 Lafayette Avenue Date signed _____

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

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.....

Ernest W. Wilkinson

Licensed Embalmer No.....

2575

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, fact should be so stated above.