533
No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40883

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10654

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 24 Days (Specify whether years, months or days)

In this community 15yrs.

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. 4242 Westminster
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME John Baker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November 5, 1908 (Month) (Day) (Year)

8. AGE: Years 32 | Months 1 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Anna Mossman

(b) Address St. Louis City Hospital #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. F. White

(b) Address City Hospital No.

19. (a) DEC 26 1940 (Date received local registrar) (b) L. W. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15. year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from November 22, 1940 to December 15, 1940 that I last saw him alive on December 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subphrenic abscess Empyema	
Due to ~~Ruptured~~ ~~to~~ as appendicitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations See above	
Of autopsy See above	

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? (Specify type of place)

While at work? (f) Means of injury

23. Signature T. R. Tyrrell (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.