

Registration District No. _____

Primary Registration District No. 4003

Registrar's No. 6032

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether)

In this community Life
years, months or days

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. 2207a Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Baker

3. (b) If veteran, name war --

3. (c) Social Security No. None

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: October 24, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81	8	6	hr. min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Baker

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

14. Maiden name Mary Hoffman

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

16. (a) Informant George Baker

(b) Address 2841 Pennsylvania

17. (a) Cremation (b) Date thereof 7 3 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Shaver, Haldub & Co.

(b) Address 3634 Gravois Ave.

19. (a) JUL 2 1943 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1943 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from June 23, 1943, to June 30, 1943,
that I last saw h. er alive on June 30, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Parotitis

Due to 115

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

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)

(e) Means of injury _____

23. Signature Red Wade (M. D. or other) 2/1/43
Address 1515 Lafayette Avenue Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Frank J. Ireland.

Licensed Embalmer No.....

P. O. Address.....

*176 1st
St. Louis, Mo*

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.