

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 10 days
In this community years, months or days

3. (a) PRINT FULL NAME Geraldina Baker
(b) If veteran, name war
(c) Social Security No.

4. Sex Female 5. Color or race Negro
(b) Name of husband or wife Joseph H. Baker
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased September 18, 1925

8. AGE: Years 21 Months 5 Days 17
If less than one day hr. min.

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

10. Usual occupation Marmor Cutter

11. Industry or business

12. Name Burell Williams
13. Birthplace Miss.
14. Maiden name Geneva Lewis
15. Birthplace Greenville, Miss.

16. (a) Informant Joseph H. Baker
(b) Address 2821a Easton Avenue
17. (a) Burial (b) Date thereof 3-10-47
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. B. France
(b) Address 1221 North Grand Blvd.
19. (a) MAR 8 1947 (Date received local registrar)
J. H. Baker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2821 a Franklin
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5
year 1947 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from 2-23 1947 to 3-5 1947
that I last saw her alive on Mar. 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Tuberculous Peritonitis
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)

Duration Undet.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy No

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Edw B Whittier (M. D. or other)
Address 2601 N Whittier Date signed 3/5/47

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.....

Leroy H. Bennett....., Registered Apprentice No. *405*
working under my personal supervision.

Signed..... *James A. Thurston*

..... Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.