S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19539

Registration District No. 817 Primary Registration District No. 3063 Registrar's No. 1023

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days - 2 hrs - 30 Min (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 242 Attuck. 3
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME Alby Baker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May (Month) 6 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
43	0	13	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Squire Shores
13. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nellie
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Fred Baker
(b) Address 242 Attuck.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson's Cem.
18. (a) Signature of funeral director Harrison J. A.
(b) Address 2906 Lawton, St. Louis, Mo.
19. (a) 5-22-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1947 hour 7 45 minute 45 pM.
21. I hereby certify that I attended the deceased from May 17, 1947, to May 19, 1947; that I last saw her alive on May 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio-vascular-renal disease c̄ decompensation	2 yrs +
Due to & uremia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131a

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? (e) Means of injury 0
23. Signature Wm. C. Critchlow (M. D. or other)
Address 601 Brentwood Date signed 5/20/47

(Licensed Embalmer's Statement on Reverse Side)

651. Brent

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 N. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.