S. No. 300
v. 10.48

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5962

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1037

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1314 Biddle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 1314 Biddle ST. b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis MO. 2259
d. STREET ADDRESS (If rural, give location): 25 1314A Biddle

3. NAME OF DECEASED (Type or Print): a. (First) LIZZIE b. (Middle) BAKER c. (Last)
4. DATE OF DEATH (Month) (Day) (Year): Jan. 28 1950
5. SEX: FE 3
6. COLOR OR RACE: col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: 12-25-1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house Wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): HELENA S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Unnon
13b. MOTHER'S MAIDEN NAME: SARAH CHEATHE Thurloa
14. NAME OF HUSBAND OR WIFE: JAMES BAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Theresa Kuyes ADDRESS: 1314a Biddle St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1114X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26, 1949 *to* 1-28, 1950, *that I last saw the deceased alive on* 1-28, 1950 *and that death occurred at* 12.35P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Xa Cadene A. Hill (Degree or title) M.D.
23b. ADDRESS: 1417 Franklin Ave
23c. DATE SIGNED: 1-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: FEB. 3.
24c. NAME OF CEMETERY OR CREMATORY: II OCLOCK WASHINGTON PARK
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO.

DATE REC'D BY LOCAL REG.: FEB 1 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: Buster Walker ADDRESS: 3506 Franklin

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4441

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.