OCT 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25435

1. PLACE OF DEATH: ST. LOUIS
County: CARONDELET
Township:
City: ~~St. Louis~~
Registration District No. 1123
Primary Registration District No. 6248 E
(No. Mt. St. Rose San. St. Ward)
File No.
Registered No. 316

2. FULL NAME: Agnes Baldas
(a) Residence. No. 1412 Big Bend St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christian Baldas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 5-1891

7. AGE: Years 36 | Months 5 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

50
53
11
9

9. BIRTHPLACE (CITY OR TOWN): Tipton
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Edward C. Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Marie L. Stark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Christ Baldas
(Address): 1412 Big Bend Blvd.

15. FILED: Aug. 24, 1927 L. C. Obrock, REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-23 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/18/27, 19__, to 8/23/27, 19__, that I last saw her alive on Aug 23 1927, 19__, and that death occurred, on the date stated above, at 3:38 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Ca. of Breast - Cancer
Matastes to Ircera - also to
Spine.
(Cancer of Breast)
(duration) yrs. 8 mos. 8 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

47

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Earl Smith, M. D
, 19 (Address) Mt St Rose Sanitorium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvery Cem.
DATE OF BURIAL: Aug 26 1927

20. UNDERTAKER: H. Riedskopf
ADDRESS: 5216 Delmar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.