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.

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

Do not use this space.

37774

JAN 4 1934

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60333 — Registered No. 350
City Wheaton (No. 8127 South Ave. St. Ward)

2. FULL NAME John H Baldwin
(a) Residence, No. 8127 South Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: male
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: Sudan E Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 21 1877

7. AGE: 56 YEARS — MONTHS: 8 — DAYS: 6 ~~5~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Service
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yatesville, Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Susan E Baldwin, 8127 South Ave. St. Louis Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland, Ill DATE 11/30, 1933

19. UNDERTAKER (ADDRESS): Baumann Bros and co inc, 2504 Woodson Rd Overland, Mo.

20. FILED 11/28, 1933 Rolla Bracy W. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Chr. cholecystitis, Chr. cholelithiasis, Chr. myocarditis, Chr. endocarditis, Chr. pericarditis, with adhesions causing same to be fixed to the myocardial outer wall.

Date of onset

~~Other contributory causes of importance:~~
Generalized arterio sclerosis, splenitis and hepatitis. Multiple renal lithiasis.

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Luke B. Turner, M.D. 11/27/33
(Address) 3718 Jennings, R.R.

Sec: Acute dilitation of right heart, with almost cinokete occlusion of both coronary arteries; without question died during attack of angina pectoris.