DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30761

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 7821

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6108 Cote Brilliante
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 6108 Cote Brilliant
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Angelo Louis Baldi 430

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Silvia Baldi

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January (Month) 18 (Day) 1871 (Year)

8. AGE: Years 68 Months 7 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Louis Baldi
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Catherine Maestroni
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant's own signature Silvia Baldi
(b) Address 6108 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) SEP 11 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 8
year 1939 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from APRIL 24, 1939, to SEPT 8TH 1939 19 ;
that I last saw him alive on SEPT 8 - , 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF PROSTATE GLAND AND BLADDER Urinary

Due to Primary site Prostate Gland

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51

Of autopsy

Duration: UNABLE TO SAY

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

23. Signature Peter A Eck M.D. (M. D. or other)
Address 4701 St Louis Ave Date signed 9/9/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

JAN 3 1949

Dr. P.A.Eck
4501 St.Louis Ave

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 Jas. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hadiamoine O.

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, above space should be left blank.