S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9226

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2709

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 64 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 26 (If outside city or town limits write "RURAL")

(d) Street No. 1921 Cass Ave (If rural, give location)

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

3. (a) PRINT FULL NAME MRS. MARY BALDWIN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife Wm J. Baldwin

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. (Month) 1 (Day) 1875 (Year)

8. AGE: Years 64 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John O'Connor
13. Birthplace Cork Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Slattery
15. Birthplace Cork Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Baldwin

(b) Address 1921 Cass Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 1417 N. Market St.

19. (a) MAR 23 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1940 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 3.23.40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.