No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16270

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3788

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firman Desloge. 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST.LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 3922 GUSTINE ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life. 0 years.

3. (a) PRINT FULL NAME WILLIAM D. BALDWIN

3. (b) If veteran, name war

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 ROSE BALDWIN

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 4th 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	28	hr. min.

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

10. Usual occupation Metal Lath Contractor

11. Industry or business

MOTHER FATHER

12. Name Harry Baldwin

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

14. Maiden name Lillian Herbert

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

16. (a) Informant Rose Baldwin

(b) Address 3922 Gustine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thorkutis & Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 4 1941 (Date received local registrar) (b) J. H. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1941 hour 11 45 P.M. minute M.

21. I hereby certify that I attended the deceased from 1939
, 19 , to May 1, 1941;
that I last saw him alive on 5-1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cheek metastes to brain & lung — Duration 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

53

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 0

23. Signature Thomas M Martin (M. D. or other)

Address 634 No Grand Date signed 5/3

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.