S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2236

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 310

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: 5359 Arlington Ave (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5359 Arlington Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Baldenecker
3. (b) If veteran, name war
3. (c) Social Security No. 356-18-1023

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel E. Baldenecker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 29 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	10	10	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Salesman
11. Industry or business W.P. Boston
MOTHER FATHER
12. Name Alois Baldenecker
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Sophia Plitt
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mabel E. Baldenecker
(b) Address 5359 Arlington St. Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Meyer-Pfitzinger
(b) Address Kirkwood Mo Fun. Dir. Inc.
19. (a) JAN 12 1948 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1948 hour 10:15 minute P M.
21. I hereby certify that I attended the deceased from Approximately 1 1/2 yrs., 19, to 1-9, 1948, that I last saw him alive on 1-4, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Lung	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 E. L. Scott M.D. (M. D.)
Address 3258 Lafayette Date signed 1-10-48

Jefferson City Printing Co. (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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 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.