

FILED MAR 15 1948

318

Primary Registration District No.

1003

Registration District No.

Registrar's No.

2264

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6das.
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Baldwin
 3. (b) If veteran, name war Spanish American
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna C.
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased August 21 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 13 _____ hr. _____ min.

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

10. Usual occupation Park Dept.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Baldwin
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Lyons
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anna C. Baldwin
 (b) Address 1006 Allen Ave.

17. (a) Burial (b) Date thereof 3/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation National Cem. Jefferson Barracks

18. (a) Signature of funeral director Gebken-Benz Mortuary
 (b) Address 2842 Meramec St.

19. (a) MAR 5 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1006 Allen Ave.
23 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4th
 year 1948 hour 10 minute 45 P. 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.

Immediate cause of death Subdural Hematoma
Blurred vision, deceased
slipped on the ice and fell
down an alley in rear of his
home on Feb. 13, 1948 at about
2:45 P. M.

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) Accident
 (b) Date of occurrence Feb 13th 1948
 (c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Alley

While at work? _____
(Specify type of place) (M. D. or other)
 Means of injury slipped

23. Signature Alfred J. Perry (M. D. or other) 3
 Address Deputy Coroner Date signed 3-5-48

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

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.....me

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louise E. Perry*

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, Mo. 18

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.