FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 1917

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21652

Registrar's No. 1549

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Mother Good Counsel Home (If not in hospital or institution, write street number or location)

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

In this community: 5

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 66

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 6108 Cote Brilliant Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: Sylvia Baldi

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: Wht.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Angelo Baldi

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

7. Birth date of deceased: Nov. (Month) 4 (Day) 1880 (Year)

8. AGE: Years 67 | Months 7 | Days 13 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: ? Catto

13. Birthplace: Switzerland (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: "

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. A. Rielly Lawyer

(b) Address: 1722 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mark Tiernon

(b) Address: 6100 W. Florissant Ave.

19. (a) 6-22-48 (Date received local registrar) (b) Carl A. Shoop M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-17-1948 year 1948 hour minute 8 A.M.

21. I hereby certify that I attended the deceased from 3-25-1946 1946, 1946 to 6-16th-1948 1948; that I last saw her alive on 6-16-1948, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular-renal disease — Duration: ?

Due to: Hypertension Chr. — Duration: ?

Due to: Block heart — Duration: 3-Yrs.

Due to: Cardiac decompensation & Collapse — Duration: 2/ Yrs.

Other conditions (Include pregnancy within 3 months of death): Anasarca Gen. — Duration: 2-Yrs.

Major findings: Pulmonary congestion

Of operations:

Of autopsy: Senile type. No.

PHYSICIAN: 2-Mo.

Underline the cause to which death should be charged statistically.

Dies in the Home of the Incurables.

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

Address: 5734- Jennings Road (c) Signature: Mark Tiernon M.D. or other: 6-19

Signature: Mark Tiernon M.D. Date signed: 1948

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

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 Mark Tiernon

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florist

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.