

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38479

318

1003

10419

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>71</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>U. S.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1609 SEMPLER AVE. D</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WILBURN</b>		b. (Middle) <b>W.</b>		c. (Last) <b>BALDWIN</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>DIVORCED</b>		8. DATE OF BIRTH <b>JULY 22-1885</b>			
9. AGE (In years last birthday) <b>64 YRS.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RADIO REPAIR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own Shop</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John Baldwin</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Campbell</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Lawrence W. Brendle</b> ADDRESS <b>4315 Morganford</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>940</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>22 Nov, 1949</b> , to <b>Dec 1st, 1949</b> , that I last saw the deceased alive on <b>Dec 1st, 1949</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Raymond M. ...</b>				23b. ADDRESS <b>5203 Chipmunk St</b>		23c. DATE SIGNED <b>12/3/49</b>			
24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>DEC. 5 - 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SEDALIA MO.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 4</b>		REGISTRAR'S SIGNATURE <b>J. B. Fessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schurr</b> ADDRESS <b>3125 Lafayette Ave.</b>					

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joseph B. Hollman*

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Palmyra*

**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.