S. No. 300
V. 10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15312

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1097

4001
4

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson
c. LENGTH OF STAY (in this place) 5½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oak Knoll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nebraska b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) North Platte 8260
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) A. c. (Last) Baldwin

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 1, 1869
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY R. R. Engineer
11. BIRTHPLACE (State or foreign country) Amanosa, ~~Florina~~ IOWA 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alfred Baldwin
13b. MOTHER'S MAIDEN NAME Elizabeth Fitzgibbon
14. NAME OF HUSBAND OR WIFE Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mo. **ADDRESS** Frank Baldwin 3812 Calvert-Overland

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio vascular disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1) Fracture left hip (following previous thrombosis) 2) Intestinal stasis chronic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 422.1 F
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 13, 1949, *to* April 28, 1950, *that I last saw the deceased alive on* April 26 1950, *and that death occurred at* 5:60 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis Littmann MD
23b. ADDRESS 8231 Clayton Rd.
23c. DATE SIGNED 4-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5
24b. DATE 4-28-50
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) North Platte, Nebraska

DATE REC'D BY LOCAL REG. 4-28-50
REGISTRAR'S SIGNATURE Herbert R. Dowhe MD
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elton M. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No. 15312

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of May, 1950, before me appears Frank Baldwin, who, upon his oath, states that the original record of death for Stephen A. Baldwin died April 28, 1950, in the State of Missouri, and which was filed at Clayton, Mo. on 4/28/50, 19..., should be corrected as follows:

Item No. 11 should read Anamosa, Iowa

Instead of Anamosa, Florida.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank Baldwin Son
Relationship.

3812 Calvert, Overland, Mo.
Present Address.

Subscribed and sworn to before me this 8 day of May, 1950

My Commission expires My Commission Expires Sept. 23, 1951 Edna A. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
1 X37817