

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38065

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **103**

City.....

(No. **Measurers Hospital**)

File No. ....

Registered No. **11772**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. **5348 Weber** St., **9** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Female*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)**

*Widowed*

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

*Arthur Baldwin*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*Aug 30, 1838*

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*67*

*30*

*16*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Housework*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Same*

(c) Name of employer

*at Home*

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ills.*

**10. NAME OF FATHER**

*Friedrich Veit*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*N. Y.*

**12. MAIDEN NAME OF MOTHER**

*Fabmayer*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*N. Y.*

**14. INFORMANT**

(Address)

*Miss Dorothy Baldwin  
5348 Weber*

**15. FILED**

DEC 18 1925

*May C. Starnes of*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*Dec 17 1925*

**17.**

I HEREBY CERTIFY, That I attended deceased from *December 12, 1925* to *Dec. 17*, 1925, that I last saw him *live on Dec. 16, 1925*, and that death occurred, on the date stated above, at *11:00 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Brachy. pneumonia*  
*1674*  
*1000*  
(duration) *3* yrs. *3* mos. *3* da.

CONTRIBUTORY (SECONDARY)

*General atherosclerosis*  
*Sclerosis* (duration) *3* yrs. *3* mos. *3* da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? *Home*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Anthony B. Day*, M. D.  
*12-17-1925* (Address) *910 University Club Bldg*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

*Measurers Hospital* *Dec 18 1925*

**20. UNDERTAKER**

**ADDRESS**

*Frank Schmitt* *8432 S. Grand Blvd*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

