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.

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

Do not use this space.

42566

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12343

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Clothilda Baudissin

(a) Residence. No. 9200 Gravois St., 11 Ward. St Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 29 1864

7. AGE: YEARS 65 MONTHS 7 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

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): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Felis Baudissin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Hauser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

14. INFORMANT Mrs Bell O Nalley
(Address) 9200 Gravois

15. FILED DEC 18 1929 Max C Nalley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929, to Dec 18, 1929, that I last saw her alive on Dec 17, 1929, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Interstitial Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. H. Humphreys M.D.
12/18 1929 (Address) 616 Metropolitan 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus
DATE OF BURIAL: Dec 19 1929

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S Bdwy