

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

Do not use this space.

7091

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

*St. Louis Mo. (No. **City Hospital #2**)*

File No.....

Registered No. **1374**

St.....

Ward)

2. FULL NAME

SAMUEL BALDWIN

(a) Residence. No. **1115 HIGH** St., **25** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Q

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

—

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

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

10-12-1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

1

3

19

8. OCCUPATION OF DECEASED

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

NONE

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

ST. LOUIS

(STATE OR COUNTRY)

Mo 1

10. NAME OF FATHER

HARRY BALDWIN

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

LA.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

ALICE JOHNSON

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

MISS.

(STATE OR COUNTRY)

14.

INFORMANT

A. GERTRUDE CREATH

(Address)

CITY HOSPITAL #2

15.

FILED

11-3-1931

Ray C. Steady

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-1-1931

17.

I HEREBY CERTIFY, That I attended deceased from

2-1-1931, to **2-1-1931**.

that I last saw him alive on **2-1-1931**, and that death occurred, on the date stated above, at **4:15 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

INTUSUSCEPTION
1720

(duration) yrs. mos. **2** ds.

CONTRIBUTORY (SECONDARY)

UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

A.T. HOMIE

DID OPERATION PRECEDE DEATH? **NO** DATE OF

WAS THERE AN AUTOPSY? **YES**

WHAT TEST CONFIRMED DIAGNOSIS

Autopsy - CLINICAL

(Signed)

Henry W. Hampton, M.D.

2-3-1931 (Address)

City Hospital #2

*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

DATE OF BURIAL

Washington Park Cemetery

2-4th 1931

20. UNDERTAKER

ADDRESS

A.S. Dehal and Co.

Subal out.

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.

