

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

Do not use this space.

9904

1. PLACE OF DEATH  
 96 County Missouri Registration District No. 786  
 6 Township Central Primary Registration District No. 4669  
 8 City Maplewood (No. 3611 Cambridge) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marinell Baldwin  
 (a) Residence, No. 3611 Cambridge St. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 13  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7 1913</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>		
FATHER	13. NAME <u>Thomas J Baldwin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Helen O'Reilly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. J. Baldwin 3611 Cambridge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cem</u> DATE <u>3/16 32</u>		
19. UNDERTAKER (ADDRESS) <u>A Ellis Sr. Delmar Blvd</u>		
20. FILED <u>3/14 32 Mercedes J. Hewitt Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932 to March 14, 1932  
 last saw her alive on March 12, 1932 Death is said to have occurred on the date stated above, at 9:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
acute nephritis  
71R  
130  
W. J. A.

Date of onset March 9, 32

Other contributory causes of importance:  
Pernicious Anemia

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_  
 (What test confirmed diagnosis?) \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dear P. Baber M. D.  
 (Address) 3214 S Grand Av

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.

APR 29 1932

Bert P. Bebee M.D.

3214 S Grand

St Louis Mo

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