

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.

APR 9 1935

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1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City..... St. Louis Mo. (No. 5325A Minnesota Av) St. Ward) 2279

2. FULL NAME

Evelyn Baudissin
(a) Residence, No. 5325A Minnesota Av 15 Ward. (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. SINGLES, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 - 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis Missouri

13. NAME Luther Leain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emma Hafner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mr Benton Baudissin
(ADDRESS) 5325A Minnesota Av

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cemetery DATE March 11 1935

19. UNDERTAKER E. J. Schmers
(ADDRESS) 3126 Lafayette St. Av.

20. FILED MAR -9 1935
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1935, to Mar 8, 1935.

I last saw her alive on Mar 8, 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Eclampsia (Date of onset Mar 7-35)
died day after child was born

Other contributory causes of importance:
Pregnancy 146

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?.....

If so, specify..... (Signed) T. O. Urban, M. D.
(Address) 3665 50th Broadway

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