

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

4200
Do not use this space.

FEB 16 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. _____
 (b) Township Wards Primary Registration District No. _____ Registered No. 148
 (c) City East Pleasant (d) Street No. Medford St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as 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) Indiana

FATHER

13. NAME Wallace Baldwin

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

MOTHER

15. MAIDEN NAME Louisa Pierce

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

17. INFORMANT Elizabeth Baldwin
(ADDRESS) 1011 Olive, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller's Hall DATE 1-8-38

19. FUNERAL DIRECTOR Cambridge Bros
(ADDRESS) Overland

20. FILED 22 1938 Wm. J. Woodson Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1938

22. I HEREBY CERTIFY that I attended deceased from Dec. 2, 1937, to Jan 21, 1938
 I last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Disease (2 yrs) 1928
Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) W. J. Woodson M. D.
 (Address) 2573 Woodson

STATEMENT BY LICENSED EMBALMER

I, Earl Hillman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl Hillman
Licensed Embalmer No. 3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)