

1939 APR 17 1939

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

9715
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township How Primary Registered District No. 1097
 (c) City St. Louis (d) Street No. 1125 Duquesne Registered No. 1321 St.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME Shelby Hart Baldwin
 (a) Residence, No. 1421 Prospect 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

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruelle Baldwin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 1909
 7. AGE YEARS 29 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc. mechanic
 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) MO
 FATHER
 13. NAME Joe Baldwin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 MOTHER
 15. MAIDEN NAME Daisy Holt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 17. INFORMANT (ADDRESS) Record Clerk, H. C. Duquesne
 18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri City DATE 3/27/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Foster, 918 Brooklyn
 20. FILED Apr 27 1939 M. M. Craver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-39
 22. I HEREBY CERTIFY, That I attended deceased from 3-23-39 19 to 3-25-39 19.
 I last saw him alive on 3-25-39 19. Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:
 Chronic vas. ulcer nephritis; Carcinoma Hypertrophy 131
 Other contributory causes of importance:
 Chronic Pulmonary edema and congestion
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes
 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 P. T. De Maria M.D.
 (Signed) S. T. Craver (Address) H. C. Duquesne

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.