

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

311

1. PLACE OF DEATH:

- (a) County 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route to Homes Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME WILLIAM BALDWIN 4353. (b) If veteran, name was _____ 3. (c) Social Security No. 702-12-57924. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife Christine Baldwin 6. (c) Age of husband or wife if alive 27 years7. Birth date of deceased mar 13 1899
(Month) (Day) (Year)8. AGE: Years 40 Months 19 Days 22 If less than one day hr. _____ min. _____9. Birthplace Indian Bay ark
(City, town, or county) (State or foreign country)10. Usual occupation Track man11. Industry or business T. Railroad12. Name Shee Baldwin13. Birthplace Indian Bay ark
(City, town, or county) (State or foreign country)14. Maiden name Shee15. Birthplace Indian Bay ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 2620^a Wash17. (a) Burial (b) Date thereof Jan. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director English Und. Co(b) Address 2931 Lucas, ave19. (a) JAN 11 1940 (b) J. J. Bealick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2620^a Wash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No Physician in attendance years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1940 hour 9:06 minute _____ A. _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Captured Anemysis of Aortic Arch Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____

Means of Injury _____

28. Signature Joseph M. BealickAddress Deputy Coroner Date signed _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 311
Registrar's No. 311

Registration District No. 791

Primary Registration District No. P003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

William Baldwin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Christine Baldwin

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

40

9

22

hr.

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant Christine Baldwin

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

340

(Registrar's signature)

J. F. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

20. DATE OF DEATH

MEDICAL CERTIFICATION

Month 1 day 4
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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