S. No. 2
4-13-40
7. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37001

Registrar's No. 9274

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3679a Laclede Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3679a Laclede Ave.
(If rural, give location)

(e) If foreign-born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Leonard F. Baldwin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 2, 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

MOTHER FATHER

12. Name Robert G. Baldwin

13. Birthplace St. Louis (City, town, or county) Ky. (State or foreign country)

14. Maiden name Mary Jackson

15. Birthplace (City, town, or county) D.C. (State or foreign country)

16. (a) Informant Mrs. Angela Baldwin

(b) Address 3679a Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 12 1940 (Date received local registrar) (b) J. F. Bidwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th., year 1940 hour 1 minute 45 p. 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 Cystic Stenosis with Cirrhosis Myocardial degeneration

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death) 121

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Weary (M. D. or other)

Address Date signed 11/11/40

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Office

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.