. No. 2
—1-4-41
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FILED SEP 17 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26969

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6761

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

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: Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macon

(c) City or town Decatur
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 E. Wood St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Patricia Ann Baldwin

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Dec. (Month) 14 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
X	8	5	hr. min.

9. Birthplace Decatur (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name John P. Baldwin

13. Birthplace (City, town, or county) Illinois (State or foreign country)

14. Maiden name Ruth Little

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

16. (a) Informant John P. Baldwin

(b) Address Decatur, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/41 (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 20 1941 (Date received by Registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 8 day 19 year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-16- 1941 to 8-19- 1941 that I last saw h. alive on 8-19- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Atelectasis	
Due to Amyotonia congenita	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bronchs-

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 [signature] (M. D. or other)

Address 300 South Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Geo. W. Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.