

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8597

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:
5504 Dewey Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community, 60 Years
years, months or days)

3. (a) PRINT FULL NAME Charles J. Baudissin

3. (b) If veteran, name war. No. 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily Baudissin 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December 5 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 280 Days 10 If less than one day hr. min.

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Felix Baudissin

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

14. Maiden name Unknown

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

16. (a) Informant Emily Baudissin

(b) Address 5504 Dewey Ave.

17. (a) Burial (b) Date thereof 10/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director W. F. Bredenk

(b) Address 3634 Gravois Ave.

19. (a) OCT 16 1942 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5504 Dewey Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 th.
year 1942 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 21 1939 to October 15 1942
that I last saw him alive on Aug 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerotic Cardio-vascular Disease
Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 GO Brown (M. D. or other) M.D.
Address 13255 Grand Date signed 10/15/42

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

MOTHER FATHER

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 Frank J. Doyland
Licensed Embalmer No. 29615
P. O. Address St. Louis, Mo

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.