

ED APR 15 1943 784

Registration District No. _____

Primary Registration District No. 700

Registrar's No. 658

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Pasadena Park, Normandy

(c) Name of hospital or institution 7607 Warwick dr
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis

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

(d) Street No. 7607 Warwick dr
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Robert Joseph Baldes

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1943 hour 7 minute 20 P.M.

4. Sex male 5. Color W 6. (a) Single, widowed, married, divorced 5 0

6. (b) Name of husband or wife nil 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 8 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar - 1 1943 to March - 18 1943 that I last saw him alive on March - 18 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>7</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death Pul. Tuberculosis

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

Due to _____

Due to _____

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

10. Usual occupation Student

Major findings: Of operations _____

MOTHER FATHER

11. Industry or business _____

12. Name Leo Baldes

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

14. Maiden name Clara Mayman

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

Of autopsy 1361

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Aloys Baldes

(b) Address 1115 Chambers St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 22 43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Ray Miller

(b) Address 5041 Delmar

19. (a) 3-20-43 (Date received local registrar) (b) Edmond Julian Mn (Registrar's signature)

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) (c) Means of injury _____

23. Signature Edmond Julian Mn (M, D, or other) _____

Address 6701-7th St Rd Date signed 3/19/43

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

96
0

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.....

..... *John Hester*, Registered Apprentice No. *3880*,
working under my personal supervision.

Signed..... *John Hester*

Licensed Embalmer No. *3880*

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, fact should be so stated above.