

ED JUL 31 1943

Registration District No. 917

Primary Registration District No. 3063

State File No.

Registrar's No. 1704

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp
(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 THOMAS C. BALDRIDGE

3. (b) If veteran, name war.....
3. (c) Social Security No. 494-05-2975

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. 25 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 28 hr. min.

9. Birthplace Jefferson Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation machine operator

11. Industry or business Ameritrop Corp

12. Name Samuel Baldrige

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

14. Maiden name Olvan Tucker

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

16. (a) Informant Beulah Baldrige

(b) Address 9408 Murriel

17. (a) Burial (b) Date thereof 7/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Ill.

18. (a) Signature of funeral director Baumann Bass

(b) Address 2504 Woodson Rd Overland

19. (a) JUL 27 1943 (b) St. Louis, Mo
(City or town) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9408 Murriel
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1943 hour 1:30 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 From injuries received when he was struck by an automobile while he was a Due to pedestrian on a public highway.

Due to Comp. fracture both legs; Comp. fracture of skull; Fractured maxilla, mandible
Other conditions tured maxilla, mandible
(Include pregnancy within 3 months of death)

& base of skull; Multiple Major findings: lacerations, abrasions and contusions.
Of operations.....
Of autopsy Yes. 170e-4
21

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 117
(b) Date of occurrence July 24, 1943

(c) Where did injury occur? Rock Road 3.4 mi. e of 66
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work?..... (Specify type of place)
(e) Means of injury car

23. Signature Louis H. Bass (M.D. or other)
Address Kirkwood, Mo. 7-24-43 Date signed.....

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 19 1941

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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 *Luis R. Baumann*

Licensed Embalmer No. *2315*

P. O. Address *Overland, N.Y.*

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

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