

S. No. 2
M-2-43
5-17-3
1-X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36101

State File No. _____

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

FILED NOV 18 1943

318

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9727

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:
3214 HENRIETTA ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 (Specify whether
In this community _____ years, months or days)

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. 3214 HENRIETTA ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HANNAH C. BALDWIN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife BALDWIN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 4 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

MOTHER { 12. Name UNKNOWN
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 Mr J. L. Baldwin

(b) Address 3214 Henrietta St

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

(c) Place: burial or cremation SEDALIA MO.

18. (a) Signature of funeral director E. J. Schner.

(b) Address 125 Lafayette Av

19. (a) NOV 6 1943 (b) J. F. Bricker
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1943 hour 10 minute 45P M.

21. I hereby certify that I attended the deceased from Jan 4 1943 to Nov 4 1943
that I last saw her alive on Nov 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronchial Pneumonia Duration 2P
Uremic

Due to Senility

Due to General Cachaxia

Other conditions (Include pregnancy within 3 months of death) 10'

Major findings: Of operations _____

Of autopsy _____

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 Leon A. Stein (M. D. or other) _____
Address 2800 A. C. Rippey Date signed 11-5-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Joseph B. Vollmer*
Licensed Embalmer No. *4014*
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.