

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St Marys Inf. H.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1 mo.
(If not in hospital or institution, write street number or location)
In this community 1 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Parthenia Baldwin
8. (b) If veteran, name war none
8. (c) Social Security No. none

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Baldwin
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased now 20 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 0
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER { 12. Name Nathan Cullender
13. Birthplace Tiptonville Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rebecca Timmons
15. Birthplace Huntsville Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nathan Cullender
(b) Address Brooklyn Ill.

17. (a) Removal (b) Date thereof May 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill.

18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill.

19. (a) MAY 24 1944
(Date received local registrar) (b) J. D. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Seller
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. 140 N. 6th St. NR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 15
1944 to May 20, 1944

that I last saw her alive on May 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Smallpox
relapsed due to
course of the return
from

Due to secondary the above
Due to primary

Other conditions Primary title
(Include pregnancy within 3 months of death) retired

Major findings: Of operations No
Of autopsy No

Duration
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature E. F. Warden (M. D. or other) MD
Address 930 N. 2nd St Date signed 5/24/44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis, Ill.

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, above space should be left blank.