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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32028
State File No.

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9227

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: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one Hour. 0 (Specify whether years, months or days)
In this community

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. 8721 Annetta Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles R. Baldwin.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-8952

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Louise Baldwin.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 10, (Day) 1878. (Year)

8. AGE: Years 66 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Street Car Operator.

11. Industry or business Public Service Co.

FATHER
12. Name Lee Baldwin.
13. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Telitha Dawdy.
15. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs. Louise Baldwin.
(b) Address 8721 Annetta Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/1944. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) OCT 31 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th. year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Femur, Laceration right lung 2 Fractures of pelvis, when he was pinned against a stationary Street car on track #8 by a passing car being operated by one John W. Burgess as it was shifting cars in the Delmar yards 57 Balmar Blvd. around 5:20 PM Oct. 28 1944

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Oct 28 1944
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? Yes (e) Means of injury Railroad

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 10/31/44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address O'Fallon 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.