

S. No. 2
DM-543
v. 5-17-39
I X36871

State File No. 38728
Registrar's No. 2437

FILED DEC 7 1944
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution: 2520 Cass Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 17 Maple St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Baldwin

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June Unk. 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>Unk.</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1- year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1st 1944 to Dec. 1- 1944

that I last saw her alive on Dec. 1- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to since conditions

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 5 months of death)

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Birthplace Unknown

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

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

14. (a) Informant Bartha Eno

14. (b) Address 2520 Cass Ave.

17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4760 Washington Blvd.

19. (a) DEC 4 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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 0

Signature Ray A. Halthus (M. D. or other) _____

Address 2438 Woodson Rd. Date signed 12-7-44

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.....

John Agorski

Licensed Embalmer No. *3398*.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of Cole } ss.

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AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 day of January, 1945 before me appears Mr John
Baldwin who, upon his oath, states that the original record of ^{birth}~~death~~
for Laura Baldwin died Dec 1, 1944 in the State of
Missouri, and which was filed at Jefferson City on 12-7, 1944 should be corrected as follows:

Item No. 7 should read June 1866

Instead of June 1860

Item No. 8 should read 78 yrs 6 mo unk.

Instead of 84 yrs 6 mo unk.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant John Baldwin Relationship.

Present Address.

Subscribed and sworn to before me this 13th day of January, 1945.

My Commission expires Aug 18th 1945 Pauline A. Schmidt Notary Public.

4. Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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