S. No. 2
0M—2-43
v. 5-17-39
i X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18150

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4351

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:
Residence; # 23 Westmoreland Place.
(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

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. # 23 Westmoreland Place
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LEWIS WARRINGTON BALDWIN, Sr.,

3. (b) If veteran, name war None.

3. (c) Social Security No. 702-14-0289

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marye Dodge Baldwin.

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

7. Birth date of deceased February 26, 1875.
(Month) (Day) (Year)

8. AGE: Years 71. Months 2. Days 18. If less than one day hr. min.

9. Birthplace Waterbury, Maryland.
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Missouri-Pacific Rail Road.

FATHER
12. Name Richard Baldwin.
13. Birthplace Waterbury, Maryland.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophronia Jane Furlong.
15. Birthplace Waterbury, Maryland.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Baldwin.
(b) Address #23 Westmoreland, Place.

17. (a) Removal. (b) Date thereof 5/16/46.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waterbury, Maryland.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) MAY 14 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 5:18 minute A. M.

21. I hereby certify that I attended the deceased from October 1928, 19.. to May 14th, 1946, that I last saw him alive on May 14th, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	Several weeks
Due to Arterio-Sclerotic Heart Disease.	Several years.
Due to Chronic Bronchitis	Indefinite
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. B. Bennett (M. D. or other)
Address 34 Broadview Dr. St. Louis (63) Mo. Date signed 5/14/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jenert
Mo. Pac. Hosp.
1755 So. Grand
ER-0500
1 to 4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.