S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6015
State File No. 1150

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

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

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: 4319 DELMAR Blv
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOUR (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4319 DELMAR Blv. 40
(If rural, give location)
(e) Citizen of foreign country? 19 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LILLIE BALDOCK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 20 (Day) 1878 (Year)

8. AGE: Years 69 Months 3 Days 11 If less than one day hr. min.

9. Birthplace MEXICO (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name DAN TURNER 0
13. Birthplace MEXICO (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name ETTA BRIGHT
15. Birthplace MEXICO (City, town, or county) MO. 0 (State or foreign country)
16. (a) Informant Minnie Ross
(b) Address 4319 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard
19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 31 day
year 1948 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Jan 26, 1948 to Jan 31, 1948
that I last saw her alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Accident	
Due to Hypertention	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature R. Haskell (M. D. or other)
Address 4270 S. Finney Date signed 2/2/48

Jefferson City Printing Co. (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. Arthur L. Hellbard

Licensed Embalmer No. 4221

P. O. Address. 1154 Boyard Ave

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.