

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17958
4392

State File No.
Registrar's No.

| | | | | | |
|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY Missouri | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St Louis | | c. LENGTH OF STAY (in this place) 13 yrs | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | / 20th |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital | | | d. STREET ADDRESS (If rural, give location) 5351 Delmar | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jesse | | b. (Middle) M. | c. (Last) Baldwin | | 4. DATE OF DEATH (Month) (Day) (Year) 5-16 1950 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 6-1862 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months 8 Days 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY - - - - | 11. BIRTHPLACE (State or foreign country) Memphis, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Joseph E. Buchanan | | 13b. MOTHER'S MAIDEN NAME Nancy English | | 14. NAME OF HUSBAND OR WIFE Edward S. Baldwin, deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Masonic Home of Missouri | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH 6-Days | |
| | ANTECEDENT CAUSES DUE TO (b) Hypertension | | | 3-years | |
| | DUE TO (c) Chronic Interstitial Nephritis | | | 5-yrs | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592K | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Apr-14 , 19 37 , to 5-16 , 19 50 that I last saw the deceased alive on 5-16 , 19 50 , and that death occurred at 1:20A.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <i>Robert Cameron</i> | | | 23b. ADDRESS 508 N. Grand Ave. | 23c. DATE SIGNED 5-16-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/17/1950 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. MAY 16 1950 | REGISTRAR'S SIGNATURE <i>J. B. Foster</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd., | | |

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence A. 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.