

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1950

21347  
 State File No. 5376

318

1003

BIRTH NO. 36349-50 REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2139	
		d. STREET ADDRESS (If rural, give location) <u>5308 Wilcox June 10</u>	
3. NAME OF DECEASED a. (First) <u>ROBERT</u>		b. (Middle) <u>RUSSELL</u>	c. (Last) <u>BALDESI</u>
		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>6-20-50</u>
9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 MRS. Min. _____	59 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Hugo John Baldesi</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Mae Woodriddle</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Baldesi (mother)</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis - bilateral</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>59 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asphemia Pallida</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>762.0</u>
22. I hereby certify that I attended the deceased from <u>6-20, 1950</u> , to <u>6-20, 1950</u> , that I last saw the deceased alive on <u>6-20, 1950</u> , and that death occurred at <u>2:49A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur J. Meagher, M.D.</u>		23b. ADDRESS <u>3805 So. Broadway</u>	23c. DATE SIGNED <u>6-20-50</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 26 59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO</u>
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EJSCHNUR 3125 LAFAYETTE</u>	

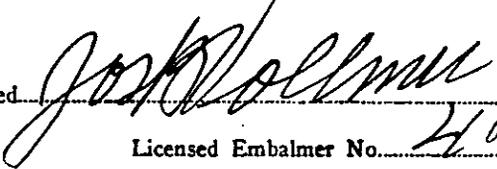
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 4014

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.