

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22307

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1586

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Jeff. Brks. Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	
c. LENGTH OF STAY (In this place) <u>29 days</u>		d. STREET ADDRESS (If rural, give location) <u>418 South Poplar St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) _____ c. (Last) <u>BALDRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/26/50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11/6/86</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 10 HRS. Hours <u>20</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co., Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>George Baldrige</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Breese</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World I</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</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		INTERVAL BETWEEN ONSET AND DEATH <u>6 MO.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, abdominal</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANTECEDENT CAUSES		2yr. 3mo.
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of the Splenic Flexure of the Colon with Metastasis</u>		
	DUE TO (c) _____		

19a. DATE OF OPERATION <u>8-10-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Extensive Carcinoma-recurrent with spread to abdominal viscera Chest wall, abdominal wall.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>V.A.</u>	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 5/29, 1950, to 6/26/, 1950, ~~and that death occurred at 2:30 p. m., from the causes and on the date stated above.~~

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>M.D. V.A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>6/26/50</u>
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Removed</u>	24b. DATE <u>6/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fouts Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Centralia, Ill.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Queen-Boggs Fun. Home-Centralia</u>	
DATE REC'D BY LOCAL REG. <u>6-27-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

John Kestler
Student Embalmer No.....
Licensed Embalmer No. 3850
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.