

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25497

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1664

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>22 days</u>		d. STREET ADDRESS (If rural, give location) <u>111 E. McCarty Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital, Kirkwood Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>V.</u>	c. (Last) <u>Baldwin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>
-------------------------------------	---------------------------	-----------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 14 1888</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours	# UNDER 1 HRS. Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>George H. Baldwin</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca C. Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Nell E. Baldwin</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. <u>WW I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nell E. Baldwin</u> ADDRESS <u>Jefferson Mo.</u>
--	-------------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Renal-cell Carcinoma (left)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Metastasis to left adrenal and lungs</u>		<u>unknown</u>
	DUE TO (c) <u>cirrosis of liver</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>asthama and arteriosclerotic heart disease</u> <u>30 years</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>disease</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) <u>180A</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 16, 1950, to July 8, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Everett C. Sutter</u> (Degree or title) <u>Asst. Surg. (R)</u>	23b. ADDRESS <u>U.S. Marine Hospital, 625 Couch, Kirkwood Mo</u>	23c. DATE SIGNED <u>7-8-50</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>7-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson City, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-8-50</u>	REGISTRAR'S SIGNATURE <u>Harold R. Wombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u> ADDRESS <u>Suburban</u>
--	--	---

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

1003
0

all To change to telephone

Case

Sally

AUG 23 1950

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.

Student Embalmer No.....

Signed

Felix Durand

Signed..... Student Embalmer

Licensed Embalmer No. 3034

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.