S. No. 300
v. 10.48

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24256

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6161

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 23 St. Louis 2239

d. STREET ADDRESS (If rural, give location) 0 1717 So. 12th. Street

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) A. F. c. (Last) Baldauf

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1951

5. SEX 0 Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH March 5, 1886

9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany 4

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Franz Baldauf

13b. MOTHER'S MAIDEN NAME Lizzie Kiesel

14. NAME OF HUSBAND OR WIFE Marie Baldauf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Marie Baldauf ADDRESS 1717 So. 12th Street

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 181X

22. *I hereby certify that I attended the deceased from* 7-9-, 1951, *to* 7-9-, 1951, *that I last saw the deceased alive on* 7-9, 1951, *and that death occurred at* 4:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE O S Jones 0 (Degree or title) MD

23b. ADDRESS 3616 S Bdwy St Louis

23c. DATE SIGNED 7-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE July 12, 1951

24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 10 1951

REGISTRAR'S SIGNATURE J. B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Peter B. Dubrouillet

Signed.....
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.