

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1952

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>immediate</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>		<u>8120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Car Wreck 3 Mi. South</u>				d. STREET ADDRESS (If rural, give location) <u>1807 (Rear) State St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zeb</u>		b. (Middle) <u>Hilliard</u>		c. (Last) <u>Baldwin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 - 1952</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>August 11, 1903</u>	
9. AGE (in years) <u>48</u>		10. MONTHS <u>5</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>		13a. FATHER'S NAME <u>Gid Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Penley</u>	
13c. NAME OF HUSBAND OR WIFE <u>Julia Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Baldwin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>406-03-4447</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Baldwin</u>		18. ADDRESS <u>E. St. Louis, Ill.</u>		19. 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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Brown injury and hemorrhage</u> <u>death at scene of motor car accident in which the car he was driving struck a electric light pole</u> <u>Death was due to Brown injury shock & hemorrhage</u> 2. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 3. ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>No operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		20. AUTOPSY? <u>E819431</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Motor car accident</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.) <u>no 3 highway</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lexington Lafayette Mo</u>		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 30 1952 - 8:30 p.m.</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Motor car in which he was riding left</u>		22. I hereby certify that I attended the deceased from <u>death</u> , 19 <u>to</u> , Jan 30, 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>52</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>W. M. Martin M.D. Coroner</u>		23b. ADDRESS <u>O. L. M. M.</u>	
23c. DATE SIGNED <u>1-30-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>January 31, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belleville</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Tempel Lexington, Missouri</u>		25. ADDRESS <u>Lexington, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6 Feb 1952</u>	
REGISTRAR'S SIGNATURE <u>W. M. Martin</u>		156.1		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Tempel Lexington, Missouri</u>		ADDRESS <u>Lexington, Missouri</u>	

(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 _____

Leo McLean

Signed

Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Belmont, Tenn*

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.