

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19160**
Registrar's No. **4947**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3125 Evans	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ronald	b. (Middle) _____	c. (Last) Baltimore	(Month) May	(Day) 13	(Year) 1953

5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child U	8. DATE OF BIRTH June 27 1941	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 10 Days 16	IF UNDER 2 HRS. Hours _____ Mins. _____
---------------------------------------	---------------------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) St. Louis, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Ferd Baltimore	13b. MOTHER'S MAIDEN NAME Martha Graves	14. NAME OF HUSBAND OR WIFE -
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Ferd Baltimore	ADDRESS 3125 Evans Ave
--	---	---	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Fever with Pancarditis		
	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. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4013
---	--	--

22. I hereby certify that I attended the deceased from 2-24, 1953, to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hertrud J. J. J.</i> (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 5-15-53
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-18-1953	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo
--	--------------------------------------	---	--

DATE REC'D BY LOCAL REG. MAY 16 1953	REGISTRAR'S SIGNATURE <i>Earl Smith Jr</i>	25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son	ADDRESS 3133 Bell Ave
---	--	---	--

(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.

Student
Student Embalmer

Signed.....

S. J. Stinson

Licensed Embalmer No. *2498*

P. O. Address *2769 Cherokee*

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.