

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36997

State File No.

FILED OCT 30 1953

318

1003

10189

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 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) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | 20690 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6108 Cote Brilliante | | d. STREET ADDRESS (If rural, give location) 6108 Cote Brilliante Ave. | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Baldi c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 10/23/53 | | |
|---|--|--|---|--|--|

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|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|------------------------|-----------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Apr. 11 1881 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|------------------------|-----------------------|

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|---|--|--|--|---|--|----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | | 11. BIRTHPLACE (State or foreign country) Italy | | 12. CITIZEN OF WHAT COUNTRY? unk | |
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|------------------------|--|-------------------------------|--|---|--|
| 13a. FATHER'S NAME unk | | 13b. MOTHER'S MAIDEN NAME unk | | 14. NAME OF HUSBAND OR WIFE Louise Baldi Dec. | |
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| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberto Baldi 6108 Cote Brilliant | |
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| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 7 days 2 yrs | |
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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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|--|--|--|--|---------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 241X | |
|--|--|--|--|---------------------------------|--|

22. I hereby certify that I attended the deceased from Aug 2, 1952, to 10-23, 1953, that I last saw the deceased alive on 10-22, 1953 and that death occurred at 4:30a m., from the causes and on the date stated above.

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|---|--|----------------------------|--|---------------------------|--|
| 23a. SIGNATURE (Degree of Title) Rev. Kelly | | 23b. ADDRESS 730 Hodiament | | 23c. DATE SIGNED 10-23-53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/26/53 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
|--|--|--------------------|--|---|--|---|--|

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| DATE REC'D BY LOCAL REG. OCT 27 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave. | |
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WHILE FILLING IN—USE LEADING 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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. *2163*

P. O. Address *1123 Hood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.