

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22347

FILED JUL 2 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1459

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BERKELEY</u>	c. LENGTH OF STAY (in this place) <u>28 yrs.</u>	c. CITY OR TOWN <u>BERKELEY</u> <u>40911</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8911 ZEV</u>		e. STREET ADDRESS (If rural, give location) <u>8911 ZEV</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DRUCILLA</u> b. (Middle) <u>ANNE</u> c. (Last) <u>BALDWIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 4, 1877</u>	9. AGE (In years last birthday) <u>78</u>	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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TAMORA, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>JOHN MURRAY</u>	13b. MOTHER'S MAIDEN NAME <u>FANNY HILL</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS EDWARD BALDWIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-28-4731</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. THELMA CRAIG, FLORISSANT, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Cervix</u>		
	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. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>171X</u>
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?

22. I hereby certify that I attended the deceased from 1952 to June, 1956, that I last saw the deceased alive on 4 June, 1956, and that death occurred at 12 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> Degree or title	23b. ADDRESS <u>Florissant, Mo.</u>	23c. DATE SIGNED <u>6/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-15-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene A. Hutchens, Florissant, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene A. Hutchens*

Licensed Embalmer No. *4966*

P. O. Address *Blount, Ala.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.