

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038383
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2499

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | c. CITY OR TOWN Fenton 4000 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital | | d. STREET ADDRESS (If outside, give location) Route 1 Box 128 | |
| Length of stay in lb DOA | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Henry Middle G Last Baldwin | | | 4. DATE OF DEATH Month Sept Day 26 Year 1958 | | |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 25, 1895 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days Hours Min. | 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 Law | 10b. KIND OF BUSINESS OR INDUSTRY policeman | 11. BIRTHPLACE (City and state or country) Washington, Pa. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Baldwin | 13b. MOTHER'S MAIDEN NAME Lovejoy | 14. NAME OF HUSBAND OR WIFE Hilda |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year and dates of service) yes WW-I | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Hilda Baldwin | Address Fenton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION 7954 | COUNTY | STATE |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Herbert R. Domke, M.D., Local Registrar | 22b. ADDRESS 651 S. Brentwood, Clayton, Mo. | 22c. DATE SIGNED 8 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 9/29/1958 | 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | 23d. LOCATION (City, town, or county) (State) Lemay, Mo. |
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| 24. FUNERAL DIRECTOR J L Ziegenhein & Sons | ADDRESS 7027 Gravois | 25. DATE RECD. BY LOCAL REG. 9-29-58 | 26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

