

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028074

FILED VS JUL 22 1960

318

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6798

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>529 EILER STREET</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>RAYMOND</b> Middle <b>WESLEY</b> Last <b>BALDWIN</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/2/1906</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MGR. OF AGENCY SALES</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RELIGIOUS PUBLICATIONS</b>		11. BIRTHPLACE (City and state or country) <b>KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>HARRY A. BALDWIN</b>		13b. MOTHER'S MAIDEN NAME <b>BESSIE TORREY</b>	
14. NAME OF HUSBAND OR WIFE <b>DORLENE M. BALDWIN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>512-38-8471</b>	
17. INFORMANT <b>MRS. DORLENE BALDWIN</b>		Address <b>ST. LOUIS</b>		<b>529 EILER STREET</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
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) <b>coronary insufficiency. Mitral stenosis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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 <b>ST. LOUIS</b>	COUNTY <b>ST. LOUIS</b> STATE <b>MISSOURI</b>

21. I attended the deceased from July 1, 1959 to July 2, 1960 and last saw <sup>body</sup> <sub>him</sub> alive on July 2, 1960  
Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Samuel Schatz</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>2730 Watson Road, St. Louis 39, Mo.</b>		22c. DATE SIGNED <b>7/5/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JULY 7, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>TOPEKA, KANSAS</b>	
24. FUNERAL DIRECTOR <b>HOFFMEISTER MORTUARY</b> <b>6464 CHIPPEWA STREET ST. LOUIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 6 1960</b>		26. REGISTRAR'S SIGNATURE <i>Loard Smith M.D.</i> <i>mgs</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Dice C. Ransom*

Licensed Embalmer No. *4767*

P. O. Address *St Louis*

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.