

## COPY OF CERTIFICATE OF DEATH

REG. NO. 58 0888

1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
Howard Baldwin		1/23/58	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		A. STATE	
Mercy		Md	
		C. CITY OR TOWN	
		D. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		E. STREET AND NUMBER	
		3638 E Fayette St	
5. SEX	6. RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
M	W		6/3/00
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9B. KIND OF BUSINESS OR INDUSTRY	9C. AGE (In years last birthday)
Phonetic		Wt-Williams Co	57
10. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Bears	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Baldwin		Betty Hawkins	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT
		213-07-3583	Elta U Baldwin
18. I 602X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Irreversible shock, renal shutdown 12 hr	
		(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
		Bilateral bronchopneumonia - septicemic 5 days	
		(B) DUE TO, OR AS A CONSEQUENCE OF:	
		Bilateral severe tuberculosis ?	
		(C) DUE TO, OR AS A CONSEQUENCE OF:	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes or No)
			20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
		White At Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>	
22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____		21F. HOW DID INJURY OCCUR?	
that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.			
23A. SIGNATURE		23B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
		Attending Phys. <input type="checkbox"/> Med. Director <input type="checkbox"/> Staff Phys. <input checked="" type="checkbox"/>	
24A. BURIAL OR CREMATION (Specify)		24B. DATE	
Burial		1-27	
24C. NAME of CEMETERY or CREMATORY		24D. LOCATION (City, town, or county) (State)	
Oak Lawn			
25A. DATE REC'D BY HEALTH DEPT.		25B. NAME OF REGISTRAR	
		Miller	
		25C. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION