

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4923

PLACE OF DEATH  
County Gasconade

Township \_\_\_\_\_

Registration District No. 303

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 4182

Registered No. 8

City Hermann Mo. (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Jacob Baumgartner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR-DIVORCED (Write the word) <u>Widower</u>
DATE OF BIRTH <u>Oct 16</u> , 18 <u>95</u> (Month) (Day) (Year)		
AGE <u>22</u> yrs. <u>3</u> mos. <u>23</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Porter  
(b) General nature of industry, business, or establishment in which employed (or employer) 3-03

BIRTHPLACE  
(City or town, State or foreign country) Switzerland Germany

PARENTS	NAME OF FATHER <u>Rudolph Baumgartner</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Switzerland Germany</u>
	MAIDEN NAME OF MOTHER <u>Louisa Beck</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Switzerland Germany</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rob Baumgartner

(ADDRESS) Hermann Mo

Filed Feb 10th 1913 E. J. Gajner

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from any 26th, 1912, to Feb 9th, 1913, that I last saw him alive on Feb 8th, 1913, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH\* was as follows:

1st A Paralytic stroke ✓  
97

(Duration) 5 yrs. 14 ds.

Contributory none

(SECONDARY) (Duration) 5 yrs. 14 ds.

(Signed) W. C. Wessel M. D.  
Feb 10th, 1913 (Address) Hermann, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Hermann City Cemetery

DATE OF BURIAL Feb 12, 1913

UNDERTAKER Odor & Rudiger

ADDRESS Hermann Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Greene

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Hermann

(NO. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 303

File No. \_\_\_\_\_

Primary Registration District No. 4182

Registered No. 8

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Jacob Baumgartner

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED widower  
WIDOWED OR DIVORCED  
(If wife the word)

DATE OF BIRTH Oct. 16, 1835  
(Month) (Day) (Year)

AGE 77 yrs. 3 mos. 23 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Porter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Switzerland Germany

PARENTS  
NAME OF FATHER Rudolph Baumgartner  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland Germany  
MAIDEN NAME OF MOTHER Lucretia Beck  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rob Baumgartner  
(ADDRESS) Hermann, Mo.

Filed Apr 24 1913 Edwin E. Ruediger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 26, 1912, to Feb. 9, 1913,  
that I last saw him alive on Feb. 8, 1913,  
and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH\* was as follows:  
Paralytic stroke  
cerebral hemorrhage  
Primary acute arterio-sclerosis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. E. Wissler M. D.  
Feb. 10, 1913 (Address) Hermann, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Hermann City Cem. DATE OF BURIAL Feb. 12, 1913

UNDERTAKER Edwin E. Ruediger ADDRESS Hermann, Mo.

Original file, dated FEB 15, 1913. All information called for must be written on this Supplementary Certificate.

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*Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)