

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

Do not use this space.

34697

1. PLACE OF DEATH

County St. Louis
Township CARONDELLET
City 223 Vista Ave

Registration District No. 23
Primary Registration District No. 6248 E

File No. _____
Registered No. 335
St. _____ Ward _____

2. FULL NAME

Dorothy Louise Baumann
(a) Residence No. 223 Vista Ave St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Walter Baumann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Dickay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

14. INFORMANT Louise Baumann
(Address) 223 Vista Ave

15. FILED Oct. 10 1928 L. C. Obrock M.D.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 1, 1928 to Oct 8, 1928
that I last saw him alive on Oct 7 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enter Colitis
119B
107A (duration) yrs. mos. 14 da.
CONTRIBUTORY Bronchial Pneumonia
(SECONDARY) (duration) yrs. mos. 8 da.

18. WHOSE DISEASE CONTRACTED? 113B
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. W. Peters M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ady, 1928 (Address) 601 Missouri Bldg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Olive DATE OF BURIAL Oct. 16 1928

20. UNDERTAKER Wendell Hall Co ADDRESS 7818 M. Ch.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

