

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis.....

Registration District No. 791
W008
Primary Registration District No.
(No. 4251 Minnesota Avenue.)

File No. 13321
Registered No. 2890
St. Ward)

2. FULL NAME

Anna M. Baumann.

(a) Residence. No. 4251 Minnesota Avenue St. 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 1, 1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 --- 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine.

10. NAME OF FATHER Lawrence Schibi.

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

12. MAIDEN NAME OF MOTHER Theresa Vierling.

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

14. INFORMANT Rev. A. B. Baumann
(Address) 309 Wollmeister Avenue

15. FILED 189 31 1929 W. C. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1929

17. I HEREBY CERTIFY That I attended deceased from Jan 31 1928, to March 29 1929 that I last saw her alive on March 27, 1929 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis
13!
3/27/29 (duration) yrs. mos. da. 1 da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Chronic nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? B.P. r. Necropsy
(Signed) A. B. Baumann M. D.

3/30, 1929 (Address) 3844 W. 42nd St.
*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery. DATE OF BURIAL Apr. 3 1929.

20. UNDERTAKER J. S. Getken & Co. ADDRESS 2842 Meramec.

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.

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

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9

