

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

Do not use this space.

20401

~~20500~~

PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. St. Joseph Hospital.)

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 108
St. _____ Ward _____

2. FULL NAME Frederick Arthur Baum

(a) Residence. No. 715 Clay St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Nov. 25, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 6 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Frederick A. Baum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles,
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Lydia Schultz.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Russia.

14. INFORMANT Mrs. Frederick Baum
(Address) 715 Clay St.

15. FILED 6/26/30 My. S. Blackman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930, to June 23, 1930, that I last saw him alive on June 23, 1930, and that death occurred, on the date stated above, at 7:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception of Ileum
122B

CONTRIBUTORY (SECONDARY)

11/31 (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. No knowledge

1. DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 21-1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical + Substitution
(Signed) B. G. Gossow, M. D.

June 25, 1930 (Address) 200 Clayton St. St. Charles, Mo

*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
Lutheran Cemetery

DATE OF BURIAL
6/26/30 19

20. UNDERTAKER

Steinbrinker Fun. Co. ADDRESS St. Charles

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.

1930
25

