

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

Do not use this space.

20937

~~21985~~

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **791**
City..... *St. Louis Mo.* (No. *City*, *Sanit* **1003**)..... St. Ward)

File No.....
Registered No. **5753**
St. Ward)

2. FULL NAME

Claude Baumgardner
(a) Residence. No. *3906 Potomac* St., *13* Ward..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *19 yrs.* + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Edna B. Baumgardner</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Apr. 17-1885</i>				
7. AGE	YEARS <i>45</i>	MONTHS <i>1</i>	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... *Engineer*
(b) General nature of industry, business, or establishment in which employed (or employer)..... *Rail Road*
(c) Name of employer..... *Missouri-Pacific R.R.*

9. BIRTHPLACE (CITY OR TOWN)..... *Unknown*
(STATE OR COUNTRY)..... *Illinois*

PARENTS	10. NAME OF FATHER..... <i>Unknown</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <i>Philadelphia</i> (STATE OR COUNTRY)..... <i>Pennsylvania</i>
	12. MAIDEN NAME OF MOTHER..... <i>Unknown</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <i>Watertown</i> (STATE OR COUNTRY)..... <i>New York</i>

14. INFORMANT..... *H.R. Dummer*
(Address) *5300 Arsenal*

15. FILED *14* 19*30* *May C. Starker*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓
16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 13th 1930*
17. I HEREBY CERTIFY, That I attended deceased from *Jan 1st*, 192*9*, to *June 13th*, 1930, and that I last saw him alive on *June 19th*, 1930, and that death occurred, on the date stated above, at *11:30 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Sclerosis of the brain
3rd (duration) *7* yrs. *8* mos. *24* ds.
CONTRIBUTORY (SECONDARY) *Syphilitic* (duration) *7* yrs. *8* mos. *24* ds. +

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
WAS THERE AN AUTOPSY? *No*
WHAT TEST DETERMINED DIAGNOSIS?..... *Chemical Laboratory*
(Signed) *H.R. Dummer*, M. D.
6/13, 1930 (Address) *5300 Arsenal*

*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 <i>Urbana Mo</i>	DATE OF BURIAL <i>6-15 1930</i>
20. UNDERTAKER <i>Henry Neier 2223</i>	ADDRESS <i>Grand</i>

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.

