

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

Do not use this space.

29221

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Marion Farmington (No. _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 110 St. _____ Ward)

2. FULL NAME Gustav Baumgarten

(a) Residence, No. St. Louis St. _____ Ward. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Connors</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 - 1871</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>60</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Broder</u>		11. Total time (years) spent in this occupation <u>1931-8-9 60-8-19 1911-7-20</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Union City Tenn

13. NAME
Herman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Alsen Lorain

15. MAIDEN NAME
Helen Sax

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bavaria

17. INFORMANT (ADDRESS)
Hosp. records

18. BURIAL, CREMATION OR REMOVAL PLACE
St. Louis DATE ? 19__

19. UNDERTAKER (ADDRESS)
Mayer + 3561 1/2 Grand St. St. Louis

20. FILED 8-10 1931 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1930, to _____, 19__

I last saw him alive on Aug 9, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Chinist. Feb there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) P. J. Fair _____, M. D.
(Address) Hosp. #4 Farmington Mo

SEP 25 1931

