

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

Do not use this space.

2488

1. PLACE OF DEATH

County..... Registration District No. *780 1000*
 Township..... Primary Registration District No. *157*
 City *St. Louis* (No. *Resemess Hospital*) St. *12* Ward)

2. FULL NAME

(a) Residence. No. *Leroy A. Baumstark* St. *12* Ward. *Winkwood Mo*
 (Usual place of abode) *Parkwood mo. St.* (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 9-1910*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 0 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Contractor + Builder*
 (b) General nature of industry, business, or establishment in which employed (or employer) *27*
 (c) Name of employer *Father + himself*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Frank A. Baumstark*

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

12. MAIDEN NAME OF MOTHER *Malvina Wandwelle*

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

14. INFORMANT *Frank Baumstark*
 (Address) *2337 Jewell Ave. Kirkwood*

15. FILED *NOV -6 1932* *May C. Staveland* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 5, 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Nov. 16* 19*31*, to *Jan 5* 19*32* that I last saw him alive on *Jan 5* 19*32*, and that death occurred, on the date stated above, at *9-45 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Leukemia

7 1/2 (duration) yrs. mos. *7* ds.
 CONTRIBUTORY *Violent Angina*
 (SECONDARY) (duration) yrs. mos. *14* ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *Kirkwood, Mo.*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *1*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *blood analysis*
 (Signed) *H. S. Wentz* M. D.

1-6, 1932 (Address) *Kirkwood 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 *Herman, Mo.* DATE OF BURIAL *Jan 8 1932*

20. UNDERTAKER *Louis H. Bopp* ADDRESS *Kirkwood Mo.*

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.

