

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.

JAN 23 1933

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

Do not use this space.

39179

1. PLACE OF DEATH
37 County Gaseonade Registration District No. 303
2 Township Herman Primary Registration District No. 4182
6 City Herman (No. _____ St. _____ Ward _____)

2. FULL NAME Carolina Baumgaertner
(a) Residence, No. _____ St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Rolf Baumgaertner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11-1849

7. AGE YEARS 83 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) Switzerland

13. NAME Rudolph Fischer

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Anna Bolliger

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

17. INFORMANT Rolf Baumgaertner (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman DATE 12/26/32

19. UNDERTAKER E. R. Ruediger (ADDRESS) _____

20. FILED 12-25, 19 32 Anna R. Ruediger Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932 to Dec. 23, 1932

I last saw her alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Dec. 15, 1932

Other contributory causes of importance: Influenza

Name of operation none 'Date of _____

What test confirmed diagnosis? Smear Diagnosis Was there an autopsy? _____

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 ①

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. J. Rickelhoff, M. D.
(Address) V. Hermann

