

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

Do not use this space.

3242

**1. PLACE OF DEATH**

County..... Registration District No. 17011  
Township..... Primary Registration District No. 17011  
City St. Louis Mo. (No. 1711 La Salle St.)

File No. ....  
Registered No. 126  
St. .... Ward)

**2. FULL NAME**

Mrs. Missourie Helke Baum Baum  
(a) Residence, No. 1711 La Salle St. St. 7A 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Baum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17, 1852</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>		
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) <u>Scott County</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>Charlie Stone</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Scott County</u> (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Scott County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Warme Helke</u> (ADDRESS) <u>1711 La Salle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Vincent's Cath. Co.</u> DATE <u>1-7</u> 19 <u>33</u>		
19. UNDERTAKER <u>C. Hoffmiller M.F.C.</u> (ADDRESS) <u>7814</u>		
20. FILED <u>JAN - 7</u> <u>Wear</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec 31, 1932, to Jan. 3, 1933

I last saw her alive on Jan. 3, 1933. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:  
Acute Bronchitis  
Chronic  
Oba 92W

Date of onset .....

Other contributory causes of importance:  
Acute Bronchitis

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury .....

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) Arthur C. Brown, M. D.  
(Address) 1740 Choulson Av

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.

Dr. A. C. T. Brown  
1746 Chautauque  
Garfield 2722