

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Lutheran Hospital**)

File No. **6637**
 Registered No. **1483**
 St. Ward)

2. FULL NAME Emilia Baumgartner

(a) Residence, No. 6105 Vermont St. 1 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 29th. 1873**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 - 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
 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) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **John Baumgartner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Rachel Edinger**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Julia Schneider 6105 Vermont**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Trinity Luth.** DATE **Feb. 12th. 34**

19. UNDERTAKER (ADDRESS) **H. Schumacher 3013 Keramec**

20. FILED 19 **1934** **J. T. Bredeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 9th. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 5 1934** to **Feb 9 1934**
 I last saw him alive on **Feb 8 1934**. Death is said to have occurred on the date stated above, at **4:00 P.M.**

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

Chr. Myocarditis
936
127B
 Other contributory causes of importance:
Chr. Chole cystitis

Name of operation **no** Date of **no**
 What test confirmed diagnosis? **General** Was 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? **no**
 If so, specify

(Signed) **Alvin Gutman**, M. D.
 (Address) **7608 North**

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.

11-12 3606

1-3 7606 Meek