

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

Do not use this space.

791
1003

22316
6095

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 3835a, Connecticut St. Ward.....

File No.....
 Registered No.....

2. FULL NAME Henry Baumgartner

(a) Residence, No. 3835a Connecticut St., 10 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALBERTINE BRUMGARTNER.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25th. 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 25

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Draftsman
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) Germany

13. NAME Hy. Baumgartner Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Albertine Gaeng
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albertine Baumgartner
3835a Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter Pauls DATE June 23rd. 1934

19. UNDERTAKER (ADDRESS) J. Schumacher
3015 Meramec Street

20. FILED UN 22 1934 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19th. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21st 1934 to June 19th 1934
 I last saw him alive on June 19th 1934. Death is said to have occurred on the date stated above, at 5/25 pm.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, with hypertrophy & Valvular Lesions
9217 9200
 Other contributory causes of importance:
Atherosclerosis
 Date of onset known
 Date known

Name of operation..... Date of.....
 What test confirmed 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) W. F. Simon, M. D.
 (Address) 115 Victor St. St. Louis, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

