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.

DEC 13 1934

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

Do not use this space.

38084

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 10729

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Mississippi River St. ..... Ward)

2. FULL NAME Joseph Baumann

(a) Residence, No. 1905 Wright St St., 26 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Theresa Baumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15 - 1891

7. AGE: YEARS 43 MONTHS 1 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: John Baumann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME: Mary Wiesler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Rev John E Lamek P.L.D 2336 University St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 9th 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N Market St

20. FILED NOV -8 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P.M.

Found floating dead at 9 P.M.

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

Asphyxiation due to drowning following upset of motorboat at foot of East Grand Ave., Oct. 25, 1934, at about 2:20 P.M.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/25, 1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Miss. River

Manner of injury Overturning of Motorboat

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold [illegible], Mo.

(Address) Dorfor

11/8/34