

APR 8 1936

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

Do not use this space.

13534

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township _____ Primary Registration District No. 6248 B
City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

File No. _____
Registered No. 115

2. FULL NAME Lonnie E. BAUMGARTNER

(a) Residence, No. 222 S. Filmora Street st., _____ Ward. Edwardsville, Illinois
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. OVMds. 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 Mrs. Reba Baumgartner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mines
10. Date deceased last worked at this occupation (month and year) Fall of 1935 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin County Illinois

13. NAME Henry Baumgartner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Julia Bond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warden Illinois

17. INFORMANT M. Schellig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill. DATE March - 20 1936

19. UNDERTAKER W. G. Strube
(ADDRESS) Edwardsville, Ill.

20. FILED Mar. 18 1936 L. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 9, 19 36, to March 18, 19 36

I last saw him alive on March 18, 19 36 Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid

Date of onset Unkn.

Other contributory causes of importance: Cachexia

Unkn.

Name of operation None Date of _____
Clinical manifestations, x-ray _____
What test confirmed diagnosis? _____ Was there an autopsy? No.
and laboratory findings

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? _____
If so, specify _____

(Signed) C. H. Hughes C. H. HUGHES, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., 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.

