

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.

OCT 5 1936

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

Do not use this space.

35840

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Missouri

Registration District No.....
Primary Registration District No. 1008
City Hospital No. 1

791

File No.....
Registered No. 9462
St..... Ward.....

B. 5712 Emil Baumgartner

(a) Residence, No. Ozanam Shelter St. 17 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>? Don't Know</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>About</u>	DAYS <u></u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
13. NAME <u>Don't Know</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
15. MAIDEN NAME <u>Don't Know</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Hosp. Info. MH, Kent City Hospital No. 1</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u>	DATE <u>Sept. 15, 1936</u>
19. UNDERTAKER (ADDRESS) <u>J. H. Sutphen and Co 2642 Meramec St.</u>	
20. FILED <u>SEP 15 1936</u>	Registrar. <u>J. H. Bredeck</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8/36

22. I HEREBY CERTIFY, That I attended deceased from 7/15/36 to 9/8/36
I last saw him alive on 9/8/36, 19... Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Calcium I
W. P. Beckler
Other contributory causes of importance:
Chronic valvular
Pronephropathy
Name of operation Galen Date of 2/27/36
What test confirmed diagnosis? guinea 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?
If so, specify
(Signed) J. H. Bredeck M. D.
(Address) City Hospital No. 1

