

APR 9 1937

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

Do not use this space.

10704

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **2712a Potomac**) St. **24** Ward

File No.
Registered No. **3278**

2. FULL NAME **August Baumunk**

(a) Residence, No. **2712a Potomac** St. **24** Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 17, 1865**
7. AGE YEARS **71** MONTHS **11** DAYS **7** If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-24-1937**
22. I HEREBY CERTIFY That I attended deceased from **Nov. 1932** to **March 24th 1937**
I last saw him alive on **March 23rd 1937** Death is said to have occurred on the date stated above, at **1:30 a.m.**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **barber**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **self**
10. Date deceased last worked at this occupation, (month and year) **1931**
11. Total time (years) spent in this occupation.

The principal cause of death and related causes of importance were as follows:
arterio-sclerosis
chronic interstitial nephritis - 11-20-32 with uremia - 5 days

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Germany**
13. NAME **Philip Baumunk**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Germany**

Name of operation Date of
What test confirmed diagnosis **blood** Was there an autopsy **no**

15. MAIDEN NAME **Kathryn Heisel**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Germany**

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 **✓**

17. INFORMANT **Tillie Fasulo**
(ADDRESS) **3421a Iowa**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Churchyard** DATE **Mar. 27, 1937**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **no**
(Signed) **Carl H. Baker**, M. D.
(Address) **3363 Nebraska St. St. Louis**

19. UNDERTAKER **Pasquale Nicoli**
(ADDRESS) **1133 No. Kingshighway Bl**
20. FILED **APR 25 1937** **J. Bredeck** Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

