

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County *St. Genevieve*
Township *Jackson*
City (No.) St. (Ward)

Registration District No. *780*
Primary Registration District No. *6028*

File No. *17491*
Registered No. *26*

2. FULL NAME

Vincent Baumrucker

(a) Residence, No. St. 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Biehnman</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 7 1849</i>		
7. AGE YEARS <i>87</i>	MONTHS <i>8</i>	DAYS <i>16</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Harmer</i>		
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

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Europe</i>
13. NAME <i>Louise Baumrucker</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Europe</i>
15. MAIDEN NAME <i>Sophia Keenings</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Europe</i>
17. INFORMANT (ADDRESS) <i>Mrs. Smith McClanahan Honey Mo</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bloomfield Mo</i> DATE <i>April 25 1937</i>
19. UNDERTAKER (ADDRESS) <i>Geo. G. Basher St. Genevieve Mo</i>
20. FILED <i>Apr 24 1937</i> <i>T.W. Douglas</i> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 23 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 5 1936* to *April 23 1937*

I last saw h. l. m. alive on *April 22 1937*. Death is said to have occurred on the date stated above, at *1:48 P. M.*

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

Date of onset *Oct 5 1936*

Other contributory causes of importance:

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

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? *N.D.*

If so, specify (Signed) *Arthur E. Sawyer* M. D.
(Address) *St. Genevieve Mo*

WRITE PLAINLY, WITH WRITING INSTRUMENTS. 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.

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