

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Ballerwin (No., St. Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. 21264
Registered No. 60

2. FULL NAME

Elise Baumer
(a) Residence, No. Glencoe, Mo. R.#-1 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johann Frederick Baumer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3-1869</u>				
7. AGE YEARS <u>73</u>	MONTHS <u>6</u>	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>May 1-1937</u>		11. Total time (years) spent in this occupation <u>49</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
FATHER	13. NAME <u>Herman Sostmann</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Edw. Baumer</u> (ADDRESS) <u>Ballerwin, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John Cemetery</u> <u>Ellisville, Mo.</u> DATE <u>May 12-1937</u>				
19. UNDERTAKER <u>Schradley Funeral Home</u> (ADDRESS) <u>Ballerwin, Mo.</u>				
20. FILED <u>5-10</u> 19 <u>37</u> <u>Agnes Kelly</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8-1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to May 7, 1937.
I last saw her alive on May 7, 1937. Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis.
Date of onset April 18, 1937

Other contributory causes of importance:
Chronic cholecystitis
Chronic nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? Ex. 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) Henry Scott M. D.
(Address) Ballerwin 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.

