

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

Do not use this space.

JUN 29 1937

21279

1. PLACE OF DEATH

County St. Louis
Township Meramec
City (No. _____) _____ St. _____ Ward _____

Registration District No. 787
Primary Registration District No. 6032

File No. _____
Registered No. _____

2. FULL NAME

Johann Frederick Baumer

(a) Residence, No. Glencoe, Mo. R. #1. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 2 mos. 10 ds. 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 Elise Sostmann Baumer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
82 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) Oct. 1 - 1927 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

13. NAME Casher Baumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria E. Reinker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edw. Baumer Ballwin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John Cemetery Ellisville, Mo. DATE May 12 - 1937

19. UNDERTAKER (ADDRESS) Schraden Funeral Home Ballwin Mo.

20. FILED May 10 1937 J. M. J. J. J. 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 17, 1937, to May 7, 1937
I last saw him alive on May 2, 1937 Death is said to have occurred on the date stated above, at 5 P. a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Several days

Other contributory causes of importance:

arteriosclerosis
hemiplegia
chronic bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? 810 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? NO
If so, specify _____
(Signed) Henry Scott, M. D.
(Address) Ballwin 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.

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1657-5-14
1957
8-14
8-14
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