

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **2737**)

Ann Ave

File No. **21694**

Registered No. **5446**

St. Ward)

2. FULL NAME **Barbara Baumann**

(a) Residence, No. **2734 Ann Avenue** St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **22** yrs. mos. ds. How long in U. S., if of foreign birth? **23** yrs. **8** mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30**, 19**37**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank Baumann**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19**37** to **May 30**, 19**37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 26, 1879**

I first saw h. **alive on** **May 29**, 19**37** Death is said to have occurred on the date stated above, at **10 P.** m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 **58** **4** **4**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

arterio-sclerosis cerebral myocarditic embolism

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

93C

10. Date deceased last worked at this occupation (month and year) **in 1923**

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

hemiplegia Hypertension 1927 caused by cerebral hemorrhage

13. NAME **Joseph Trendler**

none

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

Name of operation..... Date of.....

15. MAIDEN NAME **Do not know**

What test confirmed diagnosis? **cornea** Was there an autopsy? **no**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury....., 19.....

17. INFORMANT **From R Baumann** (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE **SunSet Park** DATE **June 2 37**

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER **J. H. Gebken Und. Co.** (ADDRESS) **2630 Graves Av.**

Manner of injury.....

20. FILED **J. J. Brudeck** Registrar.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **W. Schneider** (Signed)....., M. D.

(Address) **3215 S. Grand.**

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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