JAN 24 1938

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

46794
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis
(b) Township Carondelet
(c) City GARDENVILLE
Registration District No. 1123
Primary Registration District No. 6248G
Registered No. 483
(d) Street No. 4970 SEIBERT AVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THERESA BAUMANN
(a) Residence, No. 4970 SEIBERT AVE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 ADOLPH BAUMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 13-1881

7. AGE: Years 56 | Months 1 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9 24
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 10

FATHER
13. NAME FRANK CIANO 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 10

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT ADOLPH BAUMANN
(ADDRESS) 4970 SEIBERT AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST PETERS CEMETERY DEC 10 1937

19. FUNERAL DIRECTOR E. J. Schmur
(ADDRESS) 3125 Lafayette Av.

20. FILED Dec. 9 1937 G Mowry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1937, to 12-8 1937
I last saw her alive on 12-8 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Ovary	?
Other contributory causes of importance: Metastatic Carcinoma	

Name of operation Exploratory Date of 10-14-37
What test confirmed diagnosis? Was there an autopsy? no

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) H. F. Stevens, M. D.
(Address) 8200 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, E. James T. Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James T. Sullivan

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James T. Sullivan

Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)