

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

31317
Do not use this space.

1. PLACE OF DEATH 15/1938
 (a) County Jackson Registration District No. 399
 (b) Township Mass Primary Registration District No. 100 Registered No. 3614
 (c) City Mass City (d) Street No. 5445 Charlotte 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 53 yrs. mos. ds.

2. PRINT FULL NAME Samuel Baum
 (a) Residence, No. 5445 Charlotte St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Margherit Baum
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 4 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 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
 FATHER 13. NAME Heinrich Baum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Fanny Wambacher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) George Baum
5445 Charlotte
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood DATE Sept 16, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Partridge
8024 Trost
 20. FILED Sept 15 38 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11/1 1936, to 8/19/1938 19____
 I last saw him alive on 8/17/1938 19____ Death is said to have occurred on the date stated above, at 2 m.
 The principal cause of death and related causes of importance were as follows:
Sclerosis narrowing of arteries, wood Date of onset 11 5
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol 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? No
 If so, specify _____
 (Signed) H. Paul Weston, M.D.
 (Address) Prigant Building K.C.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.