T 18 1938

REC'D NOV 4 1938

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

36824
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St Louis 3
(b) Township 1
(c) City Pine Lawn
Registration District No. 784
Primary Registration District No. 202
Registered No. 1690
(d) Street No. Mother of Good Council Home 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 550 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathilda E. Baumann
(a) Residence, No. 6825 Natural Bridge Rd. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Baumann,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10, 1856

7. AGE: Years 82 | Months 9 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis Mo.

FATHER
13. NAME Francis Hoecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Hengelsberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William F. Baumann,
(ADDRESS) 4612 Carrie Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct. 20, 1938

19. FUNERAL DIRECTOR (NAME) Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd.

20. FILED OCT 18 1938 19 G. R. Meyer M.D. Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938 to Oct. 18, 1938
I last saw her alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	?
Chr. myocarditis.	?
Chr. interstitial Nephritis	?
Uremia,	
Other contributory causes of importance: Uremic convulsion, uremic coma,	3 days
Extreme senile.	
Died in the Home of Incurables.	

Name of operation None Date of --
What test confirmed diagnosis? Clinical, Lab. & History. 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) Dr. Luke B. Timmons M.D., M. D.
(Address) 3718 Jennings Road. Pine Lawn, Mo.

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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

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