

REC'D FEB 10 1939

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

46

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **928 Canaan Ave.**
 (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.

Registered No. **46**

2. PRINT FULL NAME

Frances Baumgartner,
 (a) Residence, No. **928 Canaan Ave.** St. **8**
 (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 **Jacob J. Baumgartner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 17th 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 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) **Germany**FATHER 13. NAME **Martin Bram,**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**MOTHER 15. MAIDEN NAME **Not known**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mr. Jacob Baumgartner, 928 Canaan Ave.,**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 4th 39**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und. 1417 N. Market Street.**20. FILED **JAN 3 1939** **J. D. Breda** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/1st**, 19**39**22. I HEREBY CERTIFY, That I attended deceased from **9/19th 1938** to **1/1st 1939**

I last saw him alive on **12/31st 1938**. Death is said to have occurred on the date stated above, at **10:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Acute nephritis

Other contributory causes of importance:

Ch. nephritis**Ch. Myocarditis**

Name of operation
 What test confirmed diagnosis? **clinical findings** 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) **James A. Sullivan**, M. D.
 (Address) **2864 S. Union St.**

28642 M. Ferguson
10-12

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St Louis

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.

