

REC'D FEB 10 1939

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

389
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, MO. Registration District No. 791
(b) Township 1003 Primary Registration District No. 389
(c) City ST. LOUIS, MO. (d) Street No. 4059 BURGEN Registered No. 389
(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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELIZABETH BAUMHOER

(a) Residence, No. 4059 BURGEN St. 1
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 16, 1866
7. AGE YEARS 72 MONTHS 6 DAYS 25 If LESS than 1 day, hrs. or min.

8A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HERMAN BAUMHOER

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
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) JAN. 10, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KOELTZTOWN, MO.
(STATE OR COUNTRY)

13. NAME HERMAN KAMPETER

14. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

15. MAIDEN NAME MARY ORTBALS

16. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

17. INFORMANT Lawrence J. Schmitt
(ADDRESS) 4059 Burgen

18. BURIAL, CREMATION, OR REMOVAL SET IN GRAVE
PLACE ST. ELIZABETH, MO. DATE JAN. 14, 1939

19. FUNERAL DIRECTOR (NAME) OSCAR J. HOFFMEISTER
(ADDRESS) 4016 Chippewa Street.

20. FILED JAN 12 1939 J. B. Budner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19...... Death is said to have occurred on the date stated above, at 7:00 m.

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

Chronic Myocarditis
Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of Me

What test confirmed diagnosis? C Was there an autopsy? Me

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) Joseph M. Quinn M.D.

(Address) Deputy Coroner

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.