

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4379
Do not use this space.

REC'D MAR 13 1939

791
1003

Registered No. 1072

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. Anthony Hospital 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 Infant Harry Baumann

(a) Residence, No. 1004 Lemay Ferry St. NR Le May, Mo
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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 Harry Baumann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Rosa Albers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Harry Baumann
 (ADDRESS) 1004 Lemay Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Olive Cem. DATE Feb. 2 19 39

19. FUNERAL DIRECTOR C. Hofmeister U. S. L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILE FEB 2 1939 J. F. Budnek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 1, 1939

I last saw h. alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 8:42 a.m.

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

Still born

Date of onset

Other contributory causes of importance:
Cerebral thrombosis with enlargement of liver

Name of operation none Date of no
 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 no
 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) W. A. Schmeider, M. D.
 (Address) 3318 S. Grand

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.

3318
Beverly 0333

STATEMENT BY LICENSED EMBALMER

I, **Linus C. Hofmeister**, Licensed Embalmer No. **3871**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Linus C. Hofmeister*
Licensed Embalmer No. **3871**

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.)