

REC'D MAR 9 1939

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

6454
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin / Registration District No. 297
 (b) Township _____ / Primary Registration District No. 3016 Registered No. 23
 (c) City Washington, Mo. / (d) Street No. St. Francis 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 83 yrs. 4 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

550 Elise Baumann
 (a) Residence, No. Calvin's Lane, Washington, Mo. 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 Hy. R. Baumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 5

OCCUPATION 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. Housework
 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) Washington Missouri

FATHER 13. NAME Herman Fehrmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

MOTHER 15. MAIDEN NAME Elise Otto
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT Arnold Baumann
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE March 1st, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co., Washington, Mo.

20. FILED Feb. 28 - 1939 H. A. May Local Registrar. 276

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939 to Feb. 26, 1939

I last saw her alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 4 P.M.

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

Chronic Interstitial Nephritis, Dec. 1936 Date of onset

Other contributory causes of importance: Hypertrophy of Heart Feb. 16-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Baumann, M. D.
Washington, Mo. (Address)

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, _____

[Handwritten Signature]

or by _____

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

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 2464

P. O. Address _____

[Handwritten Signature]

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.