

DECD APR 12 1939

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

8741

Do not use this space.

2506

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Deaconess 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

- (a) Residence, No. **3532 Harris Ave** St. **10**
(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) Married. |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Bauman | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1910 | | |
| 7. AGE YEARS 28 | MONTHS 6 | DAYS 16 |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Window Washer | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn. | | |
| 13. NAME Chas. M. Bauman | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn. | | |
| 15. MAIDEN NAME Maggie Chester | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn. | | |
| 17. INFORMANT Mary Bauman (ADDRESS) 3532 Harris Ave. St. Louis Mo. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn. DATE 1939 Sat. Mar. 18th | | |
| 19. FUNERAL DIRECTOR (NAME) Jay B. Smith. (ADDRESS) Maplewood Mo. | | |
| 20. FILED Mar. 16, 1939 J. F. Bredich Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Tues. Mar. 14, 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.....**9:30 P.M.**

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

Internal Hemorrhages from Ruptured Spleen. Shock from numerous fractures suffered when deceased fell from 5th floor of Paul Brown Building while washing windows of same, about 10:00

Other contributory causes of importance:
A. M. March 14, 1939.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **3/14/1939**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Industry

Manner of injury..... **See Above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify.....
(Signed) **Alfred Perry** M.D.
(Address) **Superintendent**

NOV 7 1958

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.....

H. E. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood 1000*

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.