

1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

2 CERTIFICATE OF DEATH

19683
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
(b) Township ST. FERDINAND Primary Registration District No. 200 Registered No. 841
(c) City or Black Jack (d) Street No. Black Jack Mo. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 70 yrs. mos. ds.

2. PRINT FULL NAME BEN. BAUMER

(a) Residence, No. Black Jack Mo. Higgins St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city) Station

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 23-1868
7. AGE YEARS 70 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) MARCH 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MISSOURI

13. NAME HENRY BAUMER

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

15. MAIDEN NAME CAROLINE KROLLMAN

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

17. INFORMANT EMMA BAUMER (ADDRESS) BLACK JACK MO

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOHN'S CEM. DATE MAY 10 1939

19. FUNERAL DIRECTOR (NAME) NICHOLAS F. HOME (ADDRESS) 8319 WALLS FERRY RD.

20. FILED MAY - 9 1939 A. R. Muffel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to May 7 1939. I last saw him alive on May 7 1939. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary (Coronary Arteriosclerosis) Date of onset 5-6-39

Other contributory causes of importance: Chronic bronchitis, nephritis, arteriosclerosis

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

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 W. G. Knight, M. D.
(Address) 5301 N. Broadway

N. E.—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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Arthur P. Friedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis, Mo.

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.