

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23856
6129
Registrar's No. _____

REC'D AUG 11 1939 **791**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2609 Macklind Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** 13
(If outside city or town limits, write "RURAL")
(d) Street No. **2609 Macklind Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **George J. Baum** **50-D**
8. (b) If veteran, name war **None** 8. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **10**
year **1939** hour **10:30** minute **A.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Katherine Huelsman Baum** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Oct. 18 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 1-1938**
to **July 10 1939**
that I last saw him alive on **July 9 1939**
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
66	8	22	_____ hr. _____ min.

Immediate cause of death
Myocarditis Ch. **Apr. 1-39**
Due to **Cardio-nephritis** **Nov. 1-38**

9. Birthplace **Waterloo Illinois**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **none**
Of operations _____
Of autopsy **none**

10. Usual occupation **Watchman**
11. Industry or business **Independent Pkng. Co.**

MOTHER FATHER { 12. Name **Jacob Baum**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Enzenauer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Katherine Baum**
(b) Address **2609 Macklind Ave.**
17. (a) **Burial** (b) Date thereof **7-13-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cem.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Kriegshauser Mortuary**
4228 So. Kingshighway
(b) Address _____
19. (a) **JUL 11 1939** (b) **J. F. Proch**
(Date received local registrar) (Signature)

23. Signature **J. F. Proch** (M. D. or other) _____
Address **2921 Big Bend** Date signed **7/11/39**

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.

2901 Big Bend St. 11-1

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Edwin A. Bernath

Licensed Embalmer No. *3024*

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.