

NOV 13 1939

791

Registration District No. IWS

Primary Registration District No. 2

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3138 Pennsylvania 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 70 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3138 Pennsylvania Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 70 Years. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1939 hour 7 30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from September 2, 1939 to October 8, 1939
that I last saw him alive on October 8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Hypostatic 2 day
Tuberc
Carcinoma Liver Primary
Carcinoma St. Lung. 1937
Due to Nephritis Hemerulae

Duration

Other conditions Hypertrophy Heart
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury 1 M.D.
23. Signature J. J. [unclear] (M. D. or other)
Address 12767 Gravois Date signed 10-9-39

3. (a) PRINT FULL NAME Frederich G. Baumbach 512

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Baumbach 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 20th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
81 4 19 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Stove Moulder

11. Industry or business Quick Meal Co.

12. Name of father Gotlieb Baumbach

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (c) Informant's own signature Sophia Baumbach

(b) Address 3138 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Oct 10/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Martin HIGH RIDGE

18. (a) Signature of funeral director Thos. Kutis

(b) Address 2906 Gravois Ave.

19. (c) OCT 9 1939 (b) J. J. [unclear]
(Date received local registrar) (Signature of registrar)

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, or by.....

..... THOS. KUTIS., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.