

Registration District No. 7803 NOV 2 1939 Registration District No. 6025

Registrar's No. 39

1. PLACE OF DEATH:

(a) County St. Genevieve Mo.  
(b) City or town Weingarten  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 St. Genevieve  
(c) City or town Weingarten Mo.  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 52 years.

3. (a) PRINT FULL NAME

BERNARD BAUNING 552

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Johanna Maria Tomberg

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 8 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace

Aldenbourn Ger.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Retired farmer 6

MOTHER FATHER

12. Name Unknown 7

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

14. Maiden name Unknown 7

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

16. (a) Informant's own signature

Theresa Bauning

(b) Address

DeSage Hospital - St. Louis

17. (a) Burial

(b) Date thereof Oct 13 - 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Weingarten

18. (a) Signature of funeral director

Leo C. Basler

(b) Address

St. Genevieve Mo.

19. (a) Oct. 11/39

(b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH:

Month October day 10  
year 1939 hour 2 minute \_\_\_\_\_ P. M.

MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from June, 1939, to Oct 10, 1939; that I last saw him alive on Oct 6, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation - immediate death  
Duration \_\_\_\_\_

Due to Mitral Regurgitation  
Cardiac Hypertrophy  
Due to Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations   
Of autopsy   
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) (e) Means of injury

23. Signature Theresa Bauning (M. D. or other) \_\_\_\_\_  
Address St. Genevieve Mo. Date signed 10-11-39

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.

**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 Carl B. Huck

Licensed Embalmer No. 4064

P. O. Address Ste Genevieve, 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.**