E123886 MAR 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8896

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2379

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mos. 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 19

(d) Street No. 4223a OLIVE ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lottie ~~Bowmann~~ - BAUMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 27 (Day) 1887 (Year)

8. AGE: Years 52 Months 7 Days 13 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER 12. Name JOHN BAUMAN

FATHER 13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER 14. Maiden name MARY BOCKNOFF

MOTHER 15. Birthplace PILOT KNOB (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Mrs L. Dykmann

(b) Address 4223a OLIVE ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CM.

18. (a) Signature of funeral director Weick Bros Mud Co.

(b) Address 2201 South Grand

19. (a) MAR 11 1940 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10, year 1940 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from December 7, 1939, to March 10, 1940; that I last saw her alive on March 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to Spondylitis, chronic,	
Due to Arsenical Dermatitis not poisoning, caused by medication	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy Above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 1515 Lafayette, Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REV. 5-17-39 1 X19511

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchesne St

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.