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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5584

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1829

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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 1 1/2 yrs.
years, months or days)

3. (a) PRINT FULL NAME Fred Baumann

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

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

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

7. Birth date of deceased August 27, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	13	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name William Baumann

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

14. Maiden name Barbara Meincer

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

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1

17. (a) Cremation (b) Date thereof 2 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

19. (a) FEB 26 1941 (b) W. J. White
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1 1/2 24
(If outside city or town limits, write "RURAL")
(d) Street No. Foot of Miami St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,
year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from January 31, 1941, to February 9, 1941.
that I last saw him alive on February 9, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease & thrombosis

Due to Hypertension

Due to Arterio sclerotic

Other conditions Pulmonary Emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy As 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury None

23. Signature Samuel Walker (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 2/10/41

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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, fact should be so stated above.