

S. No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12514  
State File No. 2944  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
1079

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution.....  
In this community Since Birth

3. (a) PRINT FULL NAME FRANK O. BAUDENDISTEL

3. (b) If veteran, name war None 3. (c) Social Security No. 489-10-8374

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

6. (b) Name of husband or wife Ethel L. (Huster) 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 13, 1906

8. AGE:	Years	Months	Days	If less than one day
	34	8	20	hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Water Treater

11. Industry or business Busch Brewery

12. Name Lothar Baudendistel

13. Birthplace Germany

14. Maiden name Amelia Weber

15. Birthplace Germany

16. (a) Informant Mrs. Ethel Baudendistel

(b) Address 5318 Conde Street

17. (a) Burial (b) Date thereof 4/5/41

(c) Place: burial or cremation Old S S Peter & Paul

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) APR - 3 1941 (b) J. H. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 5318 Conde Street  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2 year 1941 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Mar 30 1941 to Apr 2 1941

that I last saw him alive on Apr 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonitis  
Due to Respiratory infection

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 118  
Of autopsy

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?.....
- (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 10

23. Signature L. H. Kelder (M. D. or other) 10  
Address 3121 N Grand Blvd Date signed 4/7/41

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**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 *Edward Hampton*.....

Licensed Embalmer No. 2967.....

P. O. Address St. Louis, 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, fact should be so stated above.**