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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26776

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6568

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 249

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3325a Salena St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Bauman

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 August 11, 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr 3 min.

~~Stillbirth~~

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ---

11. Industry or business

FATHER
12. Name George Bauman
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Murere
15. Birthplace Belleville, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant George Bauman

(b) Address 3325a Salena St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12-41 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director [signature]

(b) Address AUG 12 1941 1926 Allen Ave.

19. (a) (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th year 1941 hour 6:49 a.m. minute M.

21. I hereby certify that I attended the deceased from Aug 11, 1941, to Aug 11, 1941; that I last saw her alive on Aug 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature at 30 wks.

Due to Acrondoplasia

Due to Hydrocephalus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no.

Of autopsy yes.

Duration

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 [signature] (M. D. ~~or other~~)

Address [illegible] Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

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.