

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

41821

State File No.

JAN 7 1942
Registration District No. 203

Primary Registration District No. 4182

Registrar's No.

1. PLACE OF DEATH: Gasconade
 (a) County
 (b) City or town Hermann *JAM*
 (c) Name of hospital or institution: Washington Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 51 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade 39
 (c) City or town Hermann
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME ALOYSIUS ADAM BAUMSTARK

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

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

6. (b) Name of husband or wife Katie Baumstark 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 16 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	6	9	hr. min.

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

10. Usual occupation General Laborer

11. Industry or business

12. Name Chas. Baumstark

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

14. Maiden name Monica Steppe

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

16. (a) Informant Mrs. Aloysius Baumstark

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 12/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Georges Catholic

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 12-26-41 (b) Anna K. Riedhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 25 day year 1941 hour 8:30 A.M. minute M.

21. I hereby certify that I attended the deceased from December 24, 1941 to December 25, 1941 that I last saw him alive on December 24, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart Disease

Due to

Due to

Other conditions

Major findings: Of operations

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? (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 J. Kessling (M. D. or other) Address Hermann, MO. Date signed 12-26-41

Duration

3 yrs ±

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER-FATHER

274

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1942

JAN 2 1942

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.....

Hugot Blume

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

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.