DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6592

Primary Registration District No. 5420

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Gasconade

(b) City or town: Hermann (Rural)
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community: 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gasconade

(c) City or town: Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: CLARA MARY BAUMSTARK

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George Baumstark

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: February 18, 1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	7	hr. ____ min.

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

10. Usual occupation: Hwf.

11. Industry or business:

FATHER

12. Name: Wm. Kuhlmann

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

MOTHER

14. Maiden name: Johanna Koenig

15. Birthplace: Rhineland, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: George Baumstark

(b) Address: Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Geo. Catholic Cem

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

(b) Address: Hermann, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1942 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Feb 25, 1942, that I last saw her alive on Feb 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Due to:

Due to: 3 f 1

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

	Duration
Immediate cause	
Due to	
Due to	
Other conditions	

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: X

23. Signature: Howard Hartman M.D. (M.D. or other)

Address: Hermann Mo. Date signed 2-27-42

(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 August Oleumer

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6592

Registration District No. 363 Primary Registration District No. 5420 Registrar's No.

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Clara M. Baumstark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 18 (Day) 1895 (Year)
8. AGE: Years 47 Months — Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-27-42 (Date received local registrar) (b) By A. H. Siedler (Registrar's signature)
Anna K. Rickhoff

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 25 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY