V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7762

Registration District No. 784 — Primary Registration District No. 250 — Registrar's No. 483

96
6
0

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

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

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri. (b) County St. Louis 0
(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No. Elms Convalescent Home 2520 McLaron
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Adolph Baumann

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male 0
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 March (Month) 2nd. (Day) 1866 (Year)

8. AGE: Years 75 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Saint Louis, 0 Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Moulder

11. Industry or business

FATHER
12. Name John Baumann
13. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Flack
(b) Address 7460 Warner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3rd, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) MAR - 3 1942 (Date received local registrar) (b) E. G. McLaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th, year 1942. hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 14th, 1942 to Feb. 28, 1942 that I last saw him alive on Feb. 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus

Due to Advanced arterio-sclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death) 932

Major findings:
Of operations
Of autopsy

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 Paul W. Davis (M. D. or other)
Address 2043 McLaran Date signed 3/2/42

407 (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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Grand

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.