

ED MAR 11 1943

Registration District No. 3.10

Primary Registration District No. 3.0.5.8

Registrar's No. 80

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 1535 Gallahue Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter G. Baumann

3. (b) If veteran, name war No 3. (c) Social Security No. 493-03-5929

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife (Dotlaque) Baumann 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 8 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 4 hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name August Baumann

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

14. Maiden name Sophie Schumann

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

16. (a) Informant Mrs. Walter Baumann

(b) Address 1535 Gallahue, St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 16 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem., St. Charles, Mo.

18. (a) Signature of funeral director M.C. Dalleney & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 5-13-43 (b) Clarence Gleason
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1943 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from December 30 1942 to February 12 1943
that I last saw him alive on February 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia lobar

Due to prostatectomy

Other conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: No

(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 Loren E. Kistner (M. D. or other) M.D.

Address St. Charles, Mo. Date signed 2/13/43

Duration
3 days

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

92
9
3

SEP 27 1943

1881 P 8 706

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

John E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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.