S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943 918

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8072

Registrar's No. 2632

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:
3428 Klein Str /
(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: 000

(a) State Mo (b) County 12 6

(c) City or town St Louis Mo 6 2 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3428 Klein Str
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Bauman

3. (b) If veteran, name war X

(c) Social Security No. 492-05-3996

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Bauman

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November (Month) 17 Th (Day) 1893 (Year)

8. AGE: Years ~~50~~ 49 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Hungaria (City, town, or county) 4 (State or foreign country)

10. Usual occupation Laborer 4428 N. 1 st

11. Industry or business Walsh Refretories Corp.

FATHER
12. Name George Bauman
13. Birthplace Hungaria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Mende
15. Birthplace Hugaria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Anna Bauman
(b) Address 3428 Klein Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Kuck
(b) Address 3514 N 14 Th Str

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour 10.10 minute P M.

21. I hereby certify that I attended the deceased from Feb. 1. 43, 19, to Mar. 17. 19 43 that I last saw him alive on Mar. 17. 43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Pulmonalis	?
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)
(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 Fred H Young (M. D. or other)
Address 2249 St. Louis ave Date signed 3/18. 43

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.