

S. No. 2
1-9-44
5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15848

FILED JUN 14 1943
Registration District No. 318

Primary Registration District No. _____
Registrar's No. 5140

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

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:
Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/26/43 to 6/1/43
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri. (b) County _____
(c) City or town. St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3519 N. Broadway.
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Baumgardner

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

4. Sex MALE 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 _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 65 ? ? hr. min.

9. Birthplace Switzerland _____
(City, town, or county) (State or foreign country)

10. Usual occupation Worker in MilkHouse.

11. Industry or business _____

MOTHER FATHER { 12. Name. ? 9

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

14. Maiden name. ? _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant. Stella Grady.
(b) Address. 5600 Arsenal St.

17. (a) Burial (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Witt Bros. F. H. Co.
(b) Address. 2929 S. Jefferson

19. (a) JUN 4 1943 (b) J. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1943 hour _____ minute 11: 25PM

21. I hereby certify that I attended the deceased from May 26th
1943 to June 1st 1943
that I last saw him alive on June 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Pemphigus

Due to. 15312

Due to. _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature V. B. Lanier (M. D. or other) _____
Address 4576 Chouteau Date signed 6/3/43

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 *Gustav W. Dietrich*
Licensed Embalmer No. *4329*
P. O. Address *2929 S. Jefferson*

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.

201/10