

S. No. 2  
M-9-4-41  
5-1943

24896

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 7 1943

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Herrmann Mo.  
(c) Name of hospital or institution: 1  
(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:

(a) State Missouri (b) County Gasconade  
(c) City or town Herrmann  
(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 ROBERT BAUMGAERTNER

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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1 1850  
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Plasterer

11. Industry or business \_\_\_\_\_

12. Name Rudolph Baumgaertner

13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Baumgaertner  
(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof 8/1/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Herrmann

18. (a) Signature of funeral director E. P. Ruediger  
(b) Address Herrmann Mo.  
19. (a) July 31, 1943 (b) A. H. Hedler  
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour 6 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 21, 1938 to July 29, 1943  
that I last saw him alive on July 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of prostate 4 mo.

Due to probably due to epithelioma of nose 1934

Other conditions \_\_\_\_\_  
(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:  
(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 A. J. Deter 9 (M. D. or other) D. O.  
Address Herrmann Mo. Date signed 7/31/43

Duration 3 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1211

(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 myself  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 2044  
P. O. Address Herman New

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.