

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 21 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 63

36  
6  
2

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

1. PLACE OF DEATH: 9

(a) County Franklin

(b) City or town Washington

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 2 days (Specify whether)

In this community 8 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Concord Hill Mo  
(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 FRANCIS ALBERT BAUMANN

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 4

6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive: ..... years (Day) (Year)

7. Birth date of deceased: May 21st 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>20</u>	hr. .... min.

9. Birthplace Lohman Cole Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Cleric

11. Industry or business: .....

12. Name EDWARD BAUMANN

13. Birthplace Chillicothe Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name BERTELE REISORFF

15. Birthplace STRICKTOWN Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ans. A. Baumann

(b) Address Rt. 1 Jeff. City Mo.

17. (a) Burial St. Martin's Mo. (b) Date thereof Aug 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St. Martin's Mo.

18. (a) Signature of funeral director Fred Whisenand

(b) Address Marionville Mo

19. (a) Aug 11, 1943 (Date received local registrar) (b) Fred Whisenand (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th  
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 6 1943 to Aug 10 1943  
that I last saw him alive on Aug 10th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis  
Gastric hemorrhage

Due to Carcinoma of stomach (pylorus) Duration 1 day  
2 yrs.

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Hof

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) (c) Means of injury: .....

23. Signature Robert H. Schumacher (M. D. or other) MD  
Address Marionville, Mo Date signed 8/10/43

AUG 23 1943

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 *Fred W. Kecktenberg*

Licensed Embalmer No. *1327*

P. O. Address *Northsville, 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.