S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8713

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2487

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:
4810 EASTON AVE
(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: 000

(a) State Mo (b) County 17

(c) City or town ST. LOUIS 96
(If outside city or town limits, write "RURAL")

(d) Street No. 4810 EASTON AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLOTTE A. BAUM

3. (b) If veteran, name war NONE

3. (c) Social Security No. 491-18-0282

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JAMES H. BAUM.

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

7. Birth date of deceased MAY (Month) 20 (Day) 1860 (Year)

8. AGE: Years 83 Months 9 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) CANADA 2 (State or foreign country)

10. Usual occupation CUSTODIAN

11. Industry or business RETIRED.

FATHER
12. Name JOHN HENNESSEY 4
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY ANN COLETHURST 4
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Marion Baum
(b) Address 4810 Easton ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 Lindell Bl.

19. (a) MAR 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 11, 1936, to Mar 11, 1944
that I last saw her alive on Mar 11, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	8 yrs
Hypertension	"
Due to Uraemia	2 wks
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) no
(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 James A. Forsen (M. D. or other) M.D.
Address 3903 olive Date signed 3-13-44

(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 Clement McMurry

Licensed Embalmer No. 3782

P. O. Address St. Louis

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.