

V. S. No. 2
100M-2-43
Rev. 5-17-42
X-35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25551

State File No. _____

FILED AUG 19 1944

Registration District No. _____

Primary Registration District No. 6061

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Gerster (Rural) O. W. Va.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Gerster (Rural) 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____
(If rural, give location)
(e). Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earl Francis Baumgarden

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 15
year 1944 hour 12 minute 30 P.M.

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 August 15 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 9 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death
St. Clair Thymicolymphatic 30 min.

9. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country)

Duration
64

10. Usual occupation None

Other conditions (include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Harvey Baumgarden
13. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country)

Of autopsy Thymic hyperplasia. Pulmonary congestion.

14. Maiden name Dorothy Wheeler
15. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Harvey Baumgarden
(b) Address Gerster Missouri

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kings Prairie Cemetery

(b) Date of occurrence _____

18. (a) Signature of funeral director Oscœla Funeral Home
(b) Address Oscœla Missouri

(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? _____

19. (a) 5/10/44 (Date received local registrar) (b) J. P. Goodrich (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. H. D. Anglar, Jr. (M. D. or other) MD
Address Oscœla, Mo. Date signed 5/18/44

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

7300

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-44-94-7

Date Filed _____

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 _____

Licensed Embalmer No. 3990

P. O. Address Osceola 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.