

S. No. 2
 DOM-5-43
 Rev. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28837

State File No. _____
 Registrar's No. 8280

FILED SEP 28 1945
 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town ST. LOUIS MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
LUTHERAN HOSP 0.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County 000
 (c) City or town ST. LOUIS 17 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3008 BARRY 9
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HERTUDE BAUMGARTEN
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife HENRY T.
 6. (c) Age of husband or wife if alive 12 years
 7. Birth date of deceased MAY 1st 1867
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 28
 If less than one day _____ hr. _____ min.

9. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WORK
 11. Industry or business SELF

MOTHER, FATHER {
 12. Name DONT KNOW MUELLER
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name DO NOT KNOW
 15. Birthplace Ger. 4
 (City, town, or county) (State or foreign country)

16. (a) Informant WM T. BAUMGARTEN
 (b) Address 4146 Julianita
 17. (a) BURIAL (b) Date thereof SEP 25 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Probst Wndco
 (b) Address 3210 97 Grand Blvd
 19. (a) SEP 24 1945 (b) JTBredsch
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 22 NO.
 year 1945 hour 3 minute 35 P.M.
 21. I hereby certify that I attended the deceased from Sept. 6
1945 to Sept. 22, 1945
 that I last saw her alive on Sept. 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma advanced of Vulva months
Myocarditis
 Due to _____
Senility
 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) _____
 (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 J. Lewis Kestel (M. D. or other) MA
 Address 3606 Gravois Date signed 9/24/45

(Licensed Embalmer's Statement on Reverse Side)

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

00
 17
 9

Dr. Kinsell Fulton
J. R.
South Side of Bank
3606 Broadway
Pa. 0568

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. 1598

P. O. Address. 3710 N. Grand

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.