

**FILED** NOV 18 2 1945

**STANDARD CERTIFICATE OF DEATH**

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

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **9265**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Deaconess Hospital**

(d) Length of stay: In hospital or institution **3 days**

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**

(d) Street No. **4506 Fair Ave**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_

3. (a) PRINT FULL NAME **Fred R. Baumgartner**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lottie C. Baumgartner nee Gross**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **November 10, 1891**

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>11</b>	<b>15</b>	hr. _____ min. _____

9. Birthplace **Herman Mo.**

10. Usual occupation **Real Estate Business**

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

12. Name **Robert Baumgartner**

13. Birthplace **Unknown Switzerland**

14. Maiden name **Caroline Fischer**

15. Birthplace **Unknown Switzerland**

16. (a) Informant **Mrs. Lottie C. Baumgartner**

(b) Address **4506 Fair Ave**

17. (a) Entombment **Entombment**

(b) Date thereof **10/29/45**

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **NOV 26 1945** (Date of registration)

Registrar's signature \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **25th**

year **1945** hour **8:00 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **May 28** 19**45** to **October 25** 19**45**

that I last saw him alive on **Oct. 25** 19**45**

and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia** Duration **3 days**

Due to **Hepatic cirrhosis** **1 yr?**

Other conditions **Abdominal ascites** **6 mo**

(include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **[Signature]** (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address **2435 N. Grand** Date signed **10/26/45**

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

60  
17  
9

MOTHER FATHER

*Handwritten notes and scribbles at the top of the page.*

**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 Gustav W. Dietrich  
Licensed Embalmer No. 4329  
P. O. Address St. Louis, 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.**