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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

15365

FILED MAY 14 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 370

Primary Registration District No. 6081

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Rural - Union Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Gen 95

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. Union Twp (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH F. BAUMAN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 1:45 minute P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sophia Muessig 6. (c) Age of husband or wife if alive (D) years

7. Birth date of deceased July 4 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 24 1946 to April 28 1946 that I last saw him alive on April 27 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 9 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Apoplexy Duration 5 days

Due to Atherosclerosis with Hypertension 10 yrs.

Due to _____

9. Birthplace Weinarten Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Other conditions (Include pregnancy within 5 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Bauman

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

14. Maiden name Francis Schwenk

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

Major findings: Of operations _____

Of autopsy g3w

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Leonard Bauman

(b) Address Weinarten Mo

17. (a) BURIAL (b) Date thereof May 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weinarten 190

18. (a) Signature of funeral director Jerome W. Stutz

(b) Address Ste Genevieve Mo

19. (a) 5-1-46 (b) Jerome W. Stutz
(Date received local registrar) (Registrar's signature)

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 Arthur Stutz (M. D. or other) M.D.

Address Ste Genevieve Mo Date signed 4-29-46

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

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 *Jerome H. Stanton*.....

Licensed Embalmer No. *3817*.....

P. O. Address *The Geneva Co*.....

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.