

U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **64**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or 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
(If outside city or town limits, write "RURAL")

(d) Street No. 5712 Goethe ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Laura Baumgartner

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1947 hour 2 minute 45 A.M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John A. Baumgartner

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 15 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-14 1946 to 1-3-1947
that I last saw her alive on 1-3-1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
43 6 18 hr. _____ min.

Immediate cause of death Bronchopneumonia
Due to Carcinoma of the left breast with wide spread metastases

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

Other conditions Atelectasis of the lungs & hydrothorax left & right
(Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business none

12. Name Fred Pohlmeier

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Eberly

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy same as above

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

16. (a) Informant John A. Baumgartner

(b) Address 5712 Goethe avenue

17. (a) burial (b) Date thereof Jan-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

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? _____

18. (a) Signature of funeral director A. Knapp & Co.

(b) Address 2707 N. Grand Bl'vd

19. (a) JAN 4 - 1947 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Signature J. R. Bradley (M. D. or other) _____

(d) Address Barnes Hospital Date signed 1-3-47

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 *Stanley H. Rifon*.....

....., Licensed Embalmer No. *4193*.....

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.