

No. 2
-12-45
5-17-39
I X47070

FILED MAR 13 1947
Registration District No. **13**

Primary Registration District No. **6076**

Registrar's No. **489**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9972 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Fredericka Baumhauer**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Andreas Baumhauer**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **October 6 1862**
(Month) (Day) (Year)

8. AGE: Years **84** Months **4** Days **27**
If less than one day hr. min.

9. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business
12. Name **Unknown Hegele 4**
13. Birthplace **Germany 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown 9**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. A. Harold Baumhauer**
(b) Address **9972 S. Broadway**

17. (a) **Burial** (b) Date thereof **March 6, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **3-7-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Lemay 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **9972 S. Broadway 0**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1947** hour **10** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **Sept. 3, 1946**
Mar. 3, 1947
(that I last saw her alive on **3-3-47** 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death **Ac dilation of heart 12 hrs**
Due to **chronic valvular, renal, several heart disease yrs**
Due to **13/0**
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 plant)
(c) Means of injury
23. Signature *[Signature]* (M. D. or other)
Address **748 Lemay Ave** Date signed **3-4-47**

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

Handwritten signature

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 *Lewis C. Hoffmeyer*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadw*

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.