

FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16015

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve  
(b) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(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 Mary Elizabeth Baumgartner

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

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female

5. Color or  
race White

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

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

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

7. Birth date of deceased January  
(Month)

1 1862  
(Day) (Year)

8. AGE:

Years 85

Months 4

Days

If less than one day

hr. \_\_\_\_\_ min.

9. Birthplace Millstadt  
(City, town, or county)

Illinois  
(State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name John Deckert

13. Birthplace \_\_\_\_\_  
(City, town, or county)

Germany 4  
(State or foreign country)

14. Maiden name Johanna Anstedt

15. Birthplace St. Louis  
(City, town, or county)

Missouri  
(State or foreign country)

16. (a) Informant Mrs Oliver Schwent

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof May 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director Jessie M. Stanton

(b) Address Ste. Genevieve, Missouri

19. (a) 5-5-47 (b) Jessie M. Karl  
(Date received local registrar) (Registrar's signature) 250

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1947 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
October 1946 to May 1 1947  
that I last saw her ex. alive on April 30  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation  
secondary pneumonia  
hypertensive changes  
obstructed heart disease  
Due to: Chronic Hypertension  
Other conditions: Chronic Hepatitis  
(Include pregnancy within 3 months of death)

Duration

(Contd.)

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 of J. P. Gusselle (M. D. or other) MD  
Address St. Genevieve Mo. Date signed 5-1-47

RECEIVED

District Health Officer No. 4  
District File Number 547-69-4  
Date Filed 5-14-47

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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 Jane S. Stanton

Licensed Embalmer No. 3817

P. O. Address St. Genevieve, 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.