No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32312

FILED OCT 11 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9202

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3225 N. Florissant 9
(If rural, give location) 0

20

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

If yes, name country

3. (a) PRINT FULL NAME: Ida Baumker

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Henry C. Baumker

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

7. Birth date of deceased: July (Month) 3 (Day) 1867 (Year)

8. AGE: Years 80 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace: Washington (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Joseph G. Droege
13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Catherine Degen
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Anthony Baumker
(b) Address: Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Krakow, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) OCT 3 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1947 hour 5 minute a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractures Right Hip Extremity Lower Suffered While Deceased Fell to the Floor in her Room Visit the Little Sisters of the Poor Home for the Aged	3225
Due to: Herbert St. on Sept. 26, 1947	
Due to: Talbot 1,000 P.M.	

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Sept. 16, 1947

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify) (c) Means of injury: Fall

23. Signature: Patrick E. Taylor M.D. or other

Address: Dep. Coroner Date signed: 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.