. 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

35489

State File No.

FILED NOV 3 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9647

1. PLACE OF DEATH:

(a) County

(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: 3425 Giles Ave. 1
(If not in hospital or institution, write street number of location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County A-B-U

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

(d) Street No. 3425 Giles Ave 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 16 0

If yes, name country

3. (a) PRINT FULL NAME GEORGE J. BAUMAN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Julia Bauman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February (Month) 2, (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	14	hr. min.

9. Birthplace Milstadt (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Meat Cutter

11. Industry or business Belz Packing Co.

FATHER
12. Name Sebastian Bauman 4
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

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

16. (a) Informant Julia Bauman
(b) Address 3425 Giles Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 S. Kingshighway Blvd.

19. (a) OCT 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16, year 1947 hour 12:10 minute P.M.

21. I hereby certify that I attended the deceased from June 1, 1943, to Oct. 16, 1947 that I last saw him alive on June Oct. 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to Chr. Interstitial Hepatitis

Due to

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings:
Of operations

Of autopsy

Duration: 4 years

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. O. Herchmoeder (M. D. or other)

Address 5000 S. Broadway Date signed 10/17/47

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingshighway

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.