No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42783

Primary Registration District No. 6075

Registrar's No. 407

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs. 8 mos. 23 das. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 94

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1174 Sutter 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OLIVER LOUIS BAUM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Charlotte L. Jokerst

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September (Month) 17 (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Registered Pharmacist

11. Industry or business

FATHER
12. Name Christian Baum
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

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

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem., Ste. Genevieve, Missouri

18. (a) Signature of funeral director Jerry Stanton Undertakers
(b) Address Ste. Genevieve, Missouri

19. (a) 12-19-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1947 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 19, 1934, to October 12, 1947
that I last saw him alive on October 12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction due to mesentery thrombosis	4 das.
Due to	
Due to General Paresis with psychosis	20 yrs. or more
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

99

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 0
Address Farmington Mo Date signed 10/13/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Y
District File Number 1247-1627
Date Filed 12-29-47

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 C. H. Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.