FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24973

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1050

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: Lemay Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Sappington (If outside city or town limits, write "RURAL")

(d) Street No. Hilltop Drive (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julia Baumhauer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Andrew

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

7. Birth date of deceased Dec (Month) 9 (Day) 1893 (Year)

8. AGE: Years 54 Months 7 Days 22 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Peter Holtz

13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name Barbara Meyers

15. Birthplace Winterborn (City, town, or county) Germany (State or foreign country)

16. (a) Informant Harold Baumhauer

(b) Address 6104 Adkins

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Churchyard

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) 8-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 11 minute 03 a M.

21. I hereby certify that I attended the deceased from May 10, 1947, to July 31, 1948; that I last saw her alive on 7-31-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ac Dilation of heart	6 hrs.
Due to	
Due to 46	
Other conditions: Carcinoma of Sigmoid (Include pregnancy within 3 months of death) to generalized metastases	14 mon.

Major findings:
Of operations none
Of autopsy none

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

23. Signature Erwin D. Creulins (M. D. or other)

Address 752 Lemay Ferry Rd Date signed 8-2-48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravoi

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.