S. No. 2
4—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26831

State File No.

Registration District No. 162 | Primary Registration District No. 5595 | Registrar's No. 53

1. PLACE OF DEATH:
(a) County: JEFFERSON
(b) City or town: RURAL ROCK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BODY FOUND IN 3 MISSISSIPPI RIVER
(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: ST. LOUIS
(c) City or town: ST. LOUIS, MO. (If outside city or town limits, write "RURAL")
(d) Street No.: 2805 A SHENNADOAH (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: LESTER W. BAUMAN
3. (b) If veteran, name war: WORLD WAR II
3. (c) Social Security No. ____
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: MAR (Month) 14 (Day) 1909 (Year)
8. AGE: Years 39 | Months 4 | Days 29 | If less than one day ____ hr. ____ min.
9. Birthplace: KIMMSWICK (City, town, or county) MO (State or foreign country)
10. Usual occupation: BUSINESS MAN
11. Industry or business ____
FATHER
12. Name: LAWRENCE BAUMAN
13. Birthplace: ST. GENEVIEVE (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name: EMILY SCHAEFER
15. Birthplace: ST. GENEVIEVE (City, town, or county) MO (State or foreign country)
16. (a) Informant: MRS EMILY BAUMAN
(b) Address: 2805B SHENNADOAH ST. LOUIS MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 18 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: PARK LAWN CEMETERY
18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME
(b) Address: KIMMSWICK MO.
19. (a) Aug 18 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 13 year 1948 hour ____ minute ____ 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.
Immediate cause of death: Verdict of Coroner's Jury
Due to: By Drowning; whether Accidental or Suicide
Due to: Unknown to Jury
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy ____
Duration

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): Unknown
(b) Date of occurrence: Unknown. 50
(c) Where did injury occur? Mississippi River (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River (Specify type of place)
While at work? (e) Means of injury ____
23. Signature: J. B. Edwards (M. D. or other) Coroner
Address: Cedar Hill. Date signed: 8/16/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1948
NOV 30 1948
NOV 30 1948
RECEIVED
District Health Officer No. 9
District File Number
Date Filed
JUN 19 1958

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.....

Licensed Embalmer No.....

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.