#88876

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27500

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 7382

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2845a S. Jefferson Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LEO BEAUMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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 December (Month) 10, (Day) 1878 (Year)

8. AGE: Years 69 | Months 8 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Southern Pacific Co.

FATHER
12. Name Xavier Bauman
13. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Palmer
15. Birthplace St. Genavieve (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clara Bauman
(b) Address 2845a S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valley Springs Cemetery St. Genevieve, Mo.

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) AUG 23 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd
year 1948 hour 2 minute 20 A M.

21. I hereby certify that I attended the deceased from 8/14/48, 19..., to Aug. 22nd, 19 48
that I last saw him alive on Aug. 22nd, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular accident	?
Due to: hypostatic pneumonia	2 days
Due to:	
Other conditions: Psychosis c CAS (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Paul M. Cadwell M.D. (M. D. or other)
Address 1515 Lafayette 8/23/48 signed

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 3[illegible]

Local Registrar's No. 7382
death

On this ..... day of ....., 194....., before me appears

Clara Bauman

....., who, upon ..... oath, states that the original record of birth death

for Leo Beauman, ~~birth~~ died 8-22-48, 19....., in the State of

Missouri, ~~and~~ ~~[illegible]~~ filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read (A.K.) as Leo Beauman
Leo Bauman

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clara Bauman Informant
Relationship.

2845a S. Jefferson
Present Address.

Subscribed and sworn to before me this 26 day of Aug, 194 8

My Commission expires 3-4-49

Ella C. Paddock
Notary Public.

S-27500