

No. 3009  
-10-47  
-17-39  
-I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED OCT 23 1948

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 33905  
Registrar's No. 8901

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME JULIA A. BAUMGARTH  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anton L. 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased June 28 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 14 hr. min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Henry Oermann  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Saughagen  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton L. Baumgarth  
(b) Address 5645 Finkman Ave.  
17. (a) Removal (Mtr.) (b) Date thereof 10-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dittmar, Mo.

18. (a) Signature of funeral director Kriegshausner Und. Co.  
(b) Address 4228 S. Kingshighway Bl.  
19. (a) OCT 14 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Gas  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5645 Finkman Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 12  
year 1948 hour 7:10 minute P. M.  
21. I hereby certify that I attended the deceased from May 25, 1948, to 10-12-, 1948.  
that I last saw him alive on 10-17, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenia Duration 4 mo  
Due to Chronic Glomerulo nephritis with Hypertension Years  
Due to \_\_\_\_\_  
Other conditions Nephrectomy 1946  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 131  
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) Means of injury \_\_\_\_\_  
23. Signature Glenn S. Doets (M. D. or other) MD  
Address 3723 S. Kingshighway Date signed 10/13/48

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

3711-1-1  
H. Anderson  
L. J. ...

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**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**