

FILED DEC 8 1948

State File No. \_\_\_\_\_

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

Primary Registration District No. 3020

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Washington Mo.  
(b) City or town Washington Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis 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 LAURA BAUMGAERTNER

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife San Baumgaertner 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec 25 1887  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Phillip Kaefner

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

14. Maiden name Mary Trechmann

15. Birthplace Hermann Mo. (City, town, or county) (State or foreign country)

16. (a) Informant San Baumgaertner Jr.

(b) Address Hermann Mo.

17. (a) Removal Removal (b) Date thereof 12/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Hermann Mo.

19. (a) 12/2/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
year 1948 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1946 to Dec 2 1948  
that I last saw h.p.r. alive on Dec 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to Hypertension + heart disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 930

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) \_\_\_\_\_  
(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 John B. Ryan (M. D. or other) MD  
Address Hermann Mo. Date signed 12/2/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 6 1948

MAR 16 1954

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 *E. Rudolph*  
Licensed Embalmer No. *2044*  
P. O. Address *Herrmann No.*

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.