

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9075

BIRTH NO.		REG. DIST. NO. <u>180</u>		PRIMARY REG. DIST. NO. <u>2672</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Burr Oak Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>-Rural - Burr Oak Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>four miles south Elsberry</u>				d. STREET ADDRESS (If rural, give location) <u>same as "1-d"</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick William</u>		b. (Middle) <u>Baumeister</u>		c. (Last) <u>Baumeister</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>2-17-1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Baumeister</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Tiller</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Hausgen - Elsberry</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-2-1949 2 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-23, 1947</u> , to <u>3-7, 1949</u> , that I last saw the deceased alive on <u>3-7, 1949</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Hallaway D.O.</u>		23b. ADDRESS <u>Elsberry, Mo</u>		23c. DATE SIGNED <u>3-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-10-49</u>		REGISTRAR'S SIGNATURE <u>J.C. Neunlist</u>		FUNDING DIRECTOR'S SIGNATURE <u>J. H. H. H. H.</u>		ADDRESS <u>Elsberry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-16-49

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 40120

P. O. Address _____

Elaberry, Mo.

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.