S. No. 300
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FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20028

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 30 30 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Festus
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Festus 50
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Leonard
c. (Last): Bauman

4. DATE OF DEATH (Month) (Day) (Year): 5 - 10 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Feb. 10 - 1918
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 3, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ste. Genevieve Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Bartholomew Bauman
13b. MOTHER'S MAIDEN NAME: Bolbina Schwent
14. NAME OF HUSBAND OR WIFE: Rosemary Ketcherside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 498-09-4899
17. INFORMANT'S SIGNATURE OR NAME: Edward Grieshaber — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of the brain — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
— 1938

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Cancer of the brain
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 6, 1949, *to* May 9, 1949, *that I last saw the deceased alive on* May 9, 1949, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree of title): Bertola Balgur, MD
23b. ADDRESS: Festus, Mo
23c. DATE SIGNED: 5/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1949
24c. NAME OF CEMETERY OR CREMATORY: Festus-Crystal City Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Crystal City, MO

DATE REC'D BY LOCAL REG.: May 18 1949
REGISTRAR'S SIGNATURE: Cleora Belleville 142
25. FUNERAL DIRECTOR'S SIGNATURE: H S Vingard — ADDRESS: Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1949

SEP 6 1949

JUL 2 8 1945

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed JUN 24 1949

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 JAMES J. COMMERFORD, Student Embalmer No. 235, working under my personal supervision.

Signed James J. Commerford
Student Embalmer

Signed H H Wingard
Licensed Embalmer No. 3010
P. O. Address Fertus 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.