

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43329**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6077** Registrar's No. **72**

1. PLACE OF DEATH
a. COUNTY **St. Genevieve**
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWNSHIP **Bearcampus Twp. Missouri**
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) **NONE**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Missouri** b. COUNTY **Mo**
c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **8372 College Ave**

3. NAME OF DECEASED (Type or Print)
a. (First) **Robert** b. (Middle) **J.** c. (Last) **Baumann**

4. DATE OF DEATH (Month) (Day) (Year)
Dec 17 49

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **6-4-1894**

9. AGE (In years last birthday) **55**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) **Charleur**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Dick F. Baumann**

13b. MOTHER'S MAIDEN NAME **Marry Hicks**

14. NAME OF HUSBAND OR WIFE **CATHERINE BLADT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS **Kathryn Baumann 8372 COLLEGE JENNINGS MO**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Cor. Disease**
PRECEDENT CAUSES
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH
4343

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Leslie Bostler Coroner**

23b. ADDRESS **St. Genevieve Mo.**

23c. DATE SIGNED **12/17/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Dec 20 49**

24c. NAME OF CEMETERY OR CREMATORY **Park Lawn**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **Dec. 18, 1949**

REGISTRAR'S SIGNATURE **L.D. Karl per Truman M. Karl**

25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS **Sullivan Bros 2849 N. Euclid Mo**

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

DEC 29 1949

MAR 7 1950

RECEIVED 12-20-49

District Health Officer No. 4

District File Number 1249-1665

Date Filed

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

Student Embalmer No.

working under my personal supervision.

Signed *Adrian J. Eller*

Signed
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address *St. Demetrius, 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.