

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8244

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Hermann, Mo.</u> b. COUNTY <u>Gasconade</u> <u>0271</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4th & Guttenberg St.</u>				d. STREET ADDRESS (If rural, give location) <u>4th & Guttenberg Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u>		b. (Middle) _____		c. (Last) <u>Baumgaertner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1880</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Staude</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Greuner</u>		14. NAME OF HUSBAND OR WIFE <u>Rudy Baumgaertner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rudy Baumgaertner</u> ADDRESS <u>Hermann, Mo.</u>			
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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>15 yrs</u> <u>334X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) _____		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>June 10, 1941</u> , to <u>Mar. 17, 1950</u> , that I last saw the deceased alive on <u>Mar. 17, 1950</u> , and that death occurred at <u>11:23 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Peter</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>3/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) <u>Hermann, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>3/18/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hermann, Mo.</u>	

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

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District File Number

District Health Officer No. 9

RECEIVED APR 6 1950

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 

Signed _____
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.