

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

#113072

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6370

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 2116 Dolman Street			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) A c. (Last) BAUM			4. DATE OF DEATH (Month) (Day) (Year) July 23rd, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 30 1860	9. AGE (In years last birthday) 90	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.	# UNDER 6 HRS. Hours
13a. FATHER'S NAME ? Babka		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frank (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Hanstein 1901a Shenandoah Av		
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>arteriosclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200			
22. I hereby certify that I attended the deceased from <u>7/12/50</u> , 19 <u>50</u> , to <u>7/23/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/23/50</u> , 19 <u>50</u> , and that death occurred at <u>5:20pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw. L. Bryan</u>		(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/26/50	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	24d. LOCATION (City, town, or county) (State) St Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 29 1950 <u>J. B. Jasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Van Myrdall Funeral Home</u>		ADDRESS 926 Allen Av		

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

5 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 me

working under my personal supervision.

Student Embalmer No.

Signed Dale Strauman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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.