

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43872

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3154

1. PLACE OF DEATH
a. COUNTY St. Louis
2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur Lake c. LENGTH OF STAY (In this place) life
c. CITY (If outside corporate limits, write RURAL and give township) 173 TOWN Creve Coeur Lake

d. FULL NAME OF HOSPITAL OR INSTITUTION Midland Ave. d. STREET ADDRESS (If rural, give location) Midland Ave. R#1 Box 349

3. NAME OF DECEASED a. (First) Annie b. (Middle) Marie c. (Last) Baumgarth 4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Mar. 26, 1861 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 2 HRS: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (State or foreign country) St. Louis County 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Laurence E. Elgasser 13b. MOTHER'S MAIDEN NAME Mary Smith 14. NAME OF HUSBAND OR WIFE Philip Fred Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred A. Baumgarth Robertson, Mo. R#1 Box 349

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 10 yrs
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Basculity

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 443X 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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____ 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 Sept 5th, 1950, to Dec 26th, 1950, that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Arnold H. Wunzer M.D. 23b. ADDRESS 03115 Brown Rd 23c. DATE SIGNED 12/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-28-1950 24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery 24d. LOCATION (City, town, or county) (State) Pattonville, Mo.

DATE REC'D BY LOCAL REG. 12/28/50 REGISTRAR'S SIGNATURE Herbert R. Jomba M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. W. ... 2504 Woodson Rd. Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 3454

working under my personal supervision.

Student Embalmer No.

Signed

David Gibson

Signed.....

Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 1417

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.