

STANDARD CERTIFICATE OF DEATH

2339

FILED JAN 26 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **530**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Wabash</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Carmel</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. D # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Peter</u> c. (Last) <u>Baumgart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7-17-43</u>
9. AGE (In years last birthday) <u>7</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Purdett, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	

13a. FATHER'S NAME <u>Adolph Baumgart</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Kling</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Ryan</u>	ADDRESS <u>500 So. Kingshighway</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute leukemia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>2:43 p.m. 1-17-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2nd floor</u>

22. I hereby certify that I attended the deceased from 1-8-1951 to 1-17-1951 that I last saw the deceased alive on 1-17-1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg MD</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MT. CARMEL ILL</u>
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DATE REC'D BY LOCAL REG. <u>JAN 18 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed *J. W. Bentley*

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *St Louis, 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.

EMERALD
STATEMENT