

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

38429

State File No.

#118764

1003

Registrar's No. 1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.				
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, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		2049				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS 3842a Nebraska		0				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) BAUMANN			c. (Last)				
4. DATE OF DEATH Jan. 29th, 1951			5. SEX Male			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Sept 14, 1885			9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.			11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frank Baumann			13b. MOTHER'S MAIDEN NAME Zimmer			14. NAME OF HUSBAND OR WIFE Susan Baumann				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Susan Baumann					ADDRESS 3842a Nebraska	
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) Carcinoma of the Gallbladder ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 8 mo.		
19a. DATE OF OPERATION June 1950		19b. MAJOR FINDINGS OF OPERATION Cholecystitis Cholelithiasis						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.)		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"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 156X						
22. I hereby certify that I attended the deceased from 1/21/51, 19___, to 1/29/51, 19___, that I last saw the deceased alive on 1/29/51, 19___, and that death occurred at 5:15pm m., from the causes and on the date stated above.										
23a. SIGNATURE Albert M. Higgins, M.D.					23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 1/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-1-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JAN 31 1951		REGISTRAR'S SIGNATURE J. B. Sarter			25. FUNERAL DIRECTOR'S SIGNATURE Wm. Ruten			ADDRESS 2906 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

[Handwritten signature]

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.....
Student Embalmer

Signed *Leo J. Buehle*
.....

Licensed Embalmer No. *3989*

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.