

S. No. 300  
EV. 10.48

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 137876  
Registrar's No. 3839

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3839	
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) 3 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169		d. STREET ADDRESS (If rural, give location) 3726 Michigan A ve.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 3726 Michigan A ve.			
3. NAME OF DECEASED (Type or Print) August Baum			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH April 21 1951 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1886		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Maint. Man		10b. KIND OF BUSINESS OR INDUSTRY City Hall		11. BIRTHPLACE (State or foreign country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? Unk'n	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louise Baum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 492-05-2371		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lutheran Hospital, 2646 Potomac St.,			
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, ashenia, etc.- It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Portal vein Occlusion DUE TO (c) Lymphosis, Liver Neoplasm  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days	
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)		21f. HOW DID INJURY OCCUR? 155X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Mar 30</u> , 1951, to <u>April 21</u> , 1951, that I last saw the deceased alive on <u>April 24</u> , 1951, and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE KIENZLE (Degree or title) E. C. Kiensle (Physician) MD.				23b. ADDRESS 1800-A Chippewa		23c. DATE SIGNED 4-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE APR 24 1951 J B Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 616 Chippewa St.					

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

Malignant

X

**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.

Student .....  
Student Embalmer

Signed *Harry J. Schumacher* \_\_\_\_\_

Licensed Embalmer No. *2678* \_\_\_\_\_

P. O. Address *7814 Broadway* \_\_\_\_\_

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.