

FILED NOV 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33157

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4193		Registrar's No. 22 31	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, Mo.		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, Mo.		8371	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph		b. (Middle) S.		c. (Last) Baumgaertner		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 24, 1876		9. AGE (In years last birthday) 75 If under 1 year: Months 3, Days 13 If under 12 mos. Hours 13, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plasterer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hermann, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Baumgaertner		13b. MOTHER'S MAIDEN NAME Carrie Fischer		14. NAME OF HUSBAND OR WIFE Louisa Baumgaertner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-28-0474		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cyrus Baumgaertner Hermann, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min. " " 20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 4, 1946, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 1:48 A. M., from the causes and on the date stated above.							
23a. SIGNATURE C. A. Fisher, M.D.				23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 10/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann, Mo.	
DATE REC'D BY LOCAL REG. 10/9/51		REGISTRAR'S SIGNATURE C. A. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Ludwig		ADDRESS Hermann, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV -- 8 1951

RECEIVED

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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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.