

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6315**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>2d19</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA City Hospital</b>                                |  | d. STREET ADDRESS (If rural, give location) <b>618 Robert</b>   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Frank</b> b. (Middle) <b>A.</b> c. (Last) <b>Baumgartner</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 1, 1952</b> |   |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                   |  |
| 8. DATE OF BIRTH <b>June 13, 1889</b>   |  | 9. AGE (In years last birthday) <b>63</b>                |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Hartman Produce</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson Co., Mo.</b>                            |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |  |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Frank Baumgartner</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Ann Baumgartner</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Ella Baumgartner</b>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>#1</b> |  | 16. SOCIAL SECURITY NO. <b>#1</b>                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ella Baumgartner, 618 Robert</b> |  |

|   |  |  |  |  |                                  |
|---|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>Heat exhaustion</b><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|--|--|--|----------------------------------|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 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)                       |  |
| 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? <b>road</b> <b>E9319</b>                   |  |

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1105A m., from the causes and on the date stated above. **22**

|  |  |                                |  |   |  |
|--|--|--------------------------------|--|---|--|
| 22a. SIGNATURE (Degree or title) <b>[Signature]</b>                |  | 22b. ADDRESS <b>1500 Clark</b> |  | 22c. DATE SIGNED <b>7/2/52</b>                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>            |  | 23b. DATE <b>7/3/52</b>        |  | 23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b> |  |
| 23d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b> |  |                                |  |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>JUL 2 1952</b> |  | REGISTRAR'S SIGNATURE <b>[Signature]</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b> |  |
|--|--|--|--|---|--|

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

*Note* *Embalmed*  
Signed *Oliver Hendley*

Signed

Licensed Embalmer No. ....

P. O. Address .....

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.