

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37948

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 6079		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY OR TOWN RURAL STE. GENEVIEVE		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN RURAL STE. GENEVIEVE T.S. - 0		d. STREET ADDRESS (If rural, give location) 095 0 STE. GENEVIEVE RR# 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION STE. GENEVIEVE RR# 2		3. NAME OF DECEASED a. (First) ELIZABETH		b. (Middle) BAUMAN		c. (Last)	
4. DATE OF DEATH OCT 28 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 5 1877		9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) RIVER AUX VASES MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PHILIP JOLLEST		13b. MOTHER'S MAIDEN NAME CAROLINE KRAFT		14. NAME OF HUSBAND OR WIFE VALENTINE BAUMAN	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lawrence Tipton, Ste. Genevieve, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute, suppurative Dehydration</i> <i>Hypostatic pneumonia</i> DUE TO (b) <i>Cerebral hemorrhage</i> DUE TO (c) <i>Arteriohypertension</i>				INTERVAL BETWEEN ONSET AND DEATH 1 day, 2 day, 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				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) (Min)	
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 Oct 27, 1953 to Oct 29, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>L. S. Sappelle M.D.</i>				23b. ADDRESS Ste. Genevieve Mo.		23c. DATE SIGNED 10-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY ST JOSEPH		24d. LOCATION (City, town, or county) (State) ZELL MO	
DATE REC'D BY LOCAL REG. Nov. 3, 1953		REGISTRAR'S SIGNATURE <i>L. S. Sappelle</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leslie Barber</i>		ADDRESS Ste. Genevieve Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

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.