

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40174**
10771
Registrar's No. _____

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3421 Iowa				e. STREET ADDRESS 3421 Iowa (If rural, give location) 24				
3. NAME OF DECEASED (Type or Print) a. (First) Christina			b. (Middle) Baumunk			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH April 19, 1865		9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 12 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during year preceding death, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Waterloo Ill.		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME Andrew Hermand		13b. MOTHER'S MAIDEN NAME Margaret unk.		14. NAME OF HUSBAND OR WIFE August Baumunk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME August Baumunk ADDRESS 3421 Iowa				
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS 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 None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (In, on or about home, farm, factory, street, river bank, 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? None						
22. I hereby certify that I attended the deceased from July, 1950 , to Nov. 11, 1953 that I last saw the deceased alive on Nov. 11, 1953 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Name or title)				23b. ADDRESS So. Side, Maple St.		23c. DATE SIGNED 11-12-53		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Nov. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Rd. Mo.		
DATE REC'D BY LOCAL REG. NOV 13 1953		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli ADDRESS 1150 No. Kingshighway			

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.....
Signature of Student Embalmer

Signed.....
Frank J. Lamm

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.