

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42757**
Registrar's No. **5711**

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 YEARS		d. STREET ADDRESS (If rural, give location) 420 WEST MEYER BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3516 SUMMIT STREET CRESTHAVEN CONVALESCENT HOME			

3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA	b. (Middle) L.	c. (Last) F. BAUMAN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 4. 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUG-16-1863	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY FREUDENSTEIN	13b. MOTHER'S MAIDEN NAME MARY SCHMIDT	14. NAME OF HUSBAND OR WIFE G. A. BAUMAN
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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 MRS. CHARLES CARR	ADDRESS 420 WEST MEYER KANSAS CITY MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Osteomalacia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 30, 1947**, to **Dec-4, 1953**, that I last saw the deceased alive on **Dec-3, 1953** and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl H. Brust	(Degree of title) M.D.	23b. ADDRESS 106 W 14th St - R.P. Mo	23c. DATE SIGNED Dec-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC-5, 1953	24c. NAME OF CEMETERY OR CREMATORY BRECKENRIDGE CEMETERY	24d. LOCATION (City, town, or county) (State) QUINCY, ILLINOIS
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DATE REC'D BY LOCAL REG. 12-5-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Neocomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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704 K. E. Paulsen & Sons
2:30. 4:30

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.