

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5901

State File No. 2135  
Registrar's No. 2135

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS (If rural, give location) 17 3909 Shaw Ave. 217 1/2	

3. NAME OF DECEASED (Type or Print) IDA MARY BAUMANN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 6 1954
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5. SEX Female	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Separated	8. DATE OF BIRTH Sep. 10, 1882	9. AGE (In years last birthday) 71	10. MONTHS 7	11. HOURS 0	12. MINUTES 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME F. William Maschmann	13b. MOTHER'S MAIDEN NAME Marie Schangbeier	14. NAME OF HUSBAND OR WIFE Alfred E. Baumann
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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. 488-09-1307	17. INFORMANT'S SIGNATURE OR NAME Henry W. Baumann	ADDRESS 3909 Shaw Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY METASTASES		DUE TO (b) CARCINOMA OF THYROID		ONE YEAR
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		10 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS, GENERALIZED				5 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. ADENOCARCINOMA OF THYROID	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 194 X
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22. I hereby certify that I attended the deceased from SEPT. 12, 1950 to MARCH 6, 1954, that I last saw the deceased alive on MARCH 6, 1954, and that death occurred at 10:59 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Hall, M.D.	(Degree or title)	23b. ADDRESS 3902 LAFAYETTE, ST. LOUIS, MO.	23c. DATE SIGNED MAR. 8, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Mar. 9, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. MAR 8 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storrs*.....

Licensed Embalmer No...40.....

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