

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30034

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 5212		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Carter Twp.</u>		c. LENGTH OF STAY (In this place) <u>Transit</u>		c. CITY OR TOWN <u>Saint Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>22</u> No <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 60, 3 Miles east of Van Buren, Missouri</u>				e. STREET ADDRESS (If rural, give location) <u>4426 N. 19th Street, 7. 2099</u>			
3. NAME OF DECEASED (Type or Print) <u>RAYMOND</u>		a. (First) <u>JOSEPH</u>		c. (Last) <u>BAUMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29th, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 14th, 1905</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Army Medical Depot</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Breese, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Bauman</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Riff</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Bauman nee Augustine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-02-3839</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Bauman</u> ADDRESS <u>4426 N. 19th Street, 7.</u>			
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) <u>SKULL FRACTURE</u> ANTECEDENT CAUSES DUE TO (b) <u>INTERNAL INJURIES</u> DUE TO (c) <u>Auto Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy Way 60 9 M.E.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CARTER Twp. CARTER MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 29 1954 8:00 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
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 <u>8:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (In case or title) <u>Coleman McSpadden</u>				23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>9-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Octa. Nelson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coleman McSpadden, Van Buren, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1954

DEC 14 1954

OCT 21 1954

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.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.