

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35326

State File No.

FILED OCT 25 1955

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>841</u>		Registrar's No. <u>2351</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>7</u> days		c. CITY OR TOWN <u>PINE LAWN</u> <u>HTS</u>		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 <u>ST. LOUIS COUNTY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>4803 OAKWOOD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>A</u> c. (Last) <u>BAUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 11 55</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30, 1873</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOUNDRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH BAUM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LEPOSKY</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE BAUM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pauline Baum, 4803 Oakwood</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BILATERAL PULMONARY EMBOLI</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> DUE TO (c) <u>FRACTURE RT. MEDIAL TIBIAL PLATEAU</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>10-2-55</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221 F		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-2</u> , 19 <u>55</u> , to <u>10-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-11</u> , 19 <u>55</u> , and that death occurred at <u>6:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <u>Robert R. Domba MD</u>				23b. ADDRESS <u>601 S. BRENTWOOD, Clayton</u>		23c. DATE SIGNED <u>10-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Oct. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRENCH VILLAGE, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>French Village, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-13-55</u>		REGISTRAR'S SIGNATURE <u>Robert R. Domba MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. B. Tanner 6107 NATL. Bk.</u>			

S.G. (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.....
Signature of Student Embalmer

Signed *J. W. Buckley*.....

Licensed Embalmer No..... 36

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.