

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4320**

FILED FEB 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5428 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ROBERTSVILLE</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>SULPHUR SPRINGS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. R.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>R.R.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>ALBERT</b>	b. (Middle) <b>John</b>	c. (Last) <b>BAUMAN</b>	(Month) <b>FEB.</b>	(Day) <b>16</b>	(Year) <b>1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Apr. 8, 1880</b>		9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. GENEVIEVE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>

13a. FATHER'S NAME <b>FRANK BAUMAN</b>	13b. MOTHER'S MAIDEN NAME <b>TERESA KIEFFER</b>	14. NAME OF HUSBAND OR WIFE <b>MARIE BAUMAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>493-30-5874</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MAX BAUMANN</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Robertsville</b> (COUNTY) <b>Calvey</b> (STATE) <b>Franklin Mo</b>
21d. TIME OF INJURY <b>Feb 16, 1956</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW AND INJURY OCCURRED <b>Dropped dead.</b>

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest R. Ottmann</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Gerald Mo.</b>	23c. DATE SIGNED <b>Feb 16 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESSURECTION</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, CO. MO.</b>
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DATE REC'D BY LOCAL REG. <b>2/16/56</b>	REGISTRAR'S SIGNATURE <b>Mary B. Brown</b>	94-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER</b> ADDRESS <b>ST LOUIS MO</b>
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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 *Edwin D. McNeill*.....

Licensed Embalmer No. 30.....

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.