

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17544****318**PRIMARY REG. DIST. NO. **1003** Registrar's No. **4145**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>40 yrs.</i>		c. CITY OR TOWN <i>St. Louis</i>		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 <i>1947a Cherokee Street.</i>				e. STREET ADDRESS (If rural, give location) <i>24 1947a Cherokee Street 22490</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Matilda</i> b. (Middle) c. (Last) <i>Baumann.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 24, 1956.</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>March 29, 1861</i>	
9. AGE (in years last birthday) <i>95 yrs.</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Karl Hammann</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Voss</i>		14. NAME OF HUSBAND OR WIFE <i>Henry Baumann</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Louise Grein 1947a Cherokee St.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>MYOCARDITIS - Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> <i>ARTERIO-SCLEROSIS</i> DUE TO (c) <i>Senility</i> <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>422.1</i>				20. AUTOPSY? YES <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May</i> , 1952, to <i>4-24-</i> , 1956, that I last saw the deceased alive on <i>4-23-</i> , 1956, and that death occurred at <i>6:15 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Roman Stranz</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>4570 Virginia Ave</i>		23c. DATE SIGNED <i>4-25-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>4-27-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Our Redeemer Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>APR 27 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</i>			

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 _____

Licensed Embalmer No. 34

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.