

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1956

State File No. 22375

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lemay 23, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>6 mos.</u>	c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. St. Rose</u>		e. STREET ADDRESS (If rural, give location) <u>4700 Newport</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle) <u>Baumhoer</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 3, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
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13a. FATHER'S NAME <u>Herman Baumhoer</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Kampeter</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Baumhoer</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>493-01-9140</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eliz. Schmitt</u>	ADDRESS <u>5623 Leona, St. Louis, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Femoral Vein Thrombosis</u>		<u>UNKNOWN</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u> <u>CARCINOMA of Left Lung</u>		<u>3 years</u> <u>unknown</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____
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22. I hereby certify that I attended the deceased from 3 MAY, 1954, to 29 MAY, 1956, that I last saw the deceased alive on 28 MAY, 1956, and that death occurred at 1030a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. McCoin M.D.</u>	23b. ADDRESS <u>16 HAMPTON VILLAGE PLAZA</u>	23c. DATE SIGNED <u>5-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John McCann
Hampton Village
1 to 3 p.m.

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.....
Valley R. J. Galla

Licensed Embalmer No. 1898

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.