

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32719
State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2234

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| 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 <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEHRVILLE</u> | | c. CITY OR TOWN <u>MEHRVILLE</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>2 YEARS</u> | | e. STREET ADDRESS (If rural, give location) <u>3525 LONGVIEW DR</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3525 LONGVIEW DR</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>EVELYN</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>BAUMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 18 1956</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Nov-17-1909</u> |
| 9. AGE (In years last birthday) <u>46</u> | | 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>HENRY ROBERTSON</u> | 13b. MOTHER'S MAIDEN NAME <u>BRIDGED SULLIVAN</u> | 14. NAME OF HUSBAND/ WIFE <u>JOHN BAUMAN</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR JOHN A. BAUMAN 3525 LONGVIEW DR ST LOUIS 23 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer left breast</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>170x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 June 1956 to death, that I last saw the deceased alive on 17 Sept 1956 and that death occurred at 328 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John G. Kellott</u> | (Degree or title) | 23b. ADDRESS <u>2314 Telegraph</u> | 23c. DATE SIGNED <u>9/18/56</u> |
| 24b. DATE <u>Sept-21-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS. Mo</u> | |

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| DATE REC'D BY LOCAL REG. <u>9-20-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FEY FUNERAL HOME MEHRVILLE, Mo</u> |
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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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

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.