

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39217**
Registrar's No. **9917**

FILED NOV 28 1956

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PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9917			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If in this place) 30 days		c. CITY OR TOWN St. Louis		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 6827 a Minnesota				e. STREET ADDRESS (If rural, give location) 217 E 6827 a Minnesota					
3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle) M.		c. (Last) Baumgartner		4. DATE OF DEATH (Month) (Day) (Year) 10 29 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-28-1888			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months -- Days 1		IF UNDER 1 MRS. Hours -- Min. --					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard			10b. KIND OF BUSINESS OR INDUSTRY U.S.A.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Baumgartner			13b. MOTHER'S MAIDEN NAME Elizabeth Schertel			14. NAME OF HUSBAND OR WIFE Martha Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Lst. W. W.			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Martha Baumgartner			ADDRESS 6827 a Minnesota	
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) Cirrhosis of Liver ANTECEDENT CAUSES Morbid 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. 581.0					INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 3/7 , 19 55 , to 10/29 , 19 56 , that I last saw the deceased alive on 10/29 , 19 56 , and that death occurred at 11:00 A m., from the causes and on the date stated above.									
23a. SIGNATURE Michael L. Bartmick				(Degree or title) M.D.		23b. ADDRESS 7615 So Broadway		23c. DATE SIGNED 10/30/56	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 10-1-1956		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth. Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. OCT 30 1956		REGISTRAR'S SIGNATURE Carol Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Wingbermuehle			ADDRESS 3819 S. Grand Blvd.	

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 *Geo. Kungbermuehle*
Licensed Embalmer No. *4611*

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.