

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40053

STATE FILE NUMBER

FILED NOV. 26 1956

83 812-56

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2588

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Des Peres</b> <b>4009</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>			Length of stay in lb <b>1&amp;1/2Hrs.</b>		d. STREET ADDRESS <b>928 N. Ballas Rd.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>David</b> Middle <b></b> Last <b>Baumbach</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>31</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <b>Infant</b> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 31, 1956</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>1</b> Minutes <b>30</b> IF UNDER 24 HRS. Hours <b>1</b> Minutes <b>30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Kirkwood, Missouri</b>	
13. FATHER'S NAME <b>George John Baumbach</b>			14. MOTHER'S MAIDEN NAME <b>Ollie Mae Farrel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>George J. Baumbach</b> Address <b>928 N. Ballas Rd.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Compression Atelectasis of lungs</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Anasarca and serous cavity effusion</b> DUE TO (c) <b>Mother - Polyhydramnios</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>Oct. 31 1956</b> to <b>Oct 31 1956</b> and last saw her alive on <b>Oct 31 1956</b> Death occurred at <b>12:15 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>D. Baumbach M.D.</b>			22b. ADDRESS <b>Webster Groves Mo.</b>		22c. DATE SIGNED <b>11/1/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/1/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>Des Peres, Mo.</b>	
24. FUNERAL DIRECTOR <b>Pfizinger Mortuary, Kirkwood, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-1-56</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Dombek MD</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 7-56  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89.

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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

*William H. Fitzgibbon*

Licensed Embalmer No. 43

P. O. Address *Kendal*

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.