

XC #2100142
REG #119193BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2291**

1. PLACE OF DEATH a. COUNTY ST. LOUIS				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 town) JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 233 DAYS		c. CITY OR TOWN ST. LOUIS		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: VETERANS ADMINISTRATION HOSP				e. STREET ADDRESS (If rural, give location) 1907 E. COLLEGE AVE.					
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS b. (Middle) M. c. (Last) BAEUMKER			4. DATE OF DEATH (Month) (Day) (Year) 9-26-56						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 5-15-1888		9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Work			10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN M. BAEUMKER			13b. MOTHER'S MAIDEN NAME JULIA SCHULTZ		14. NAME OF HUSBAND OR WIFE NONE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW I 424032785		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.				ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS, OLD						INTERVAL BETWEEN ONSET AND DEATH Undetermined		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS								
	DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIO PNEUMONIA						2 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) (Min.)		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 2-6-56 , 19____, to 9-26-56 , 19____, and that death occurred at 6:42A. m. , from the causes and on the date stated above.									
23a. SIGNATURE E. T. Kamirskas MD				23b. ADDRESS 915 N. GRAND VAH ST. LOUIS, MISSOURI			23c. DATE SIGNED 9-26-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9/29/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. 9-27-56		REGISTRAR'S SIGNATURE Charles R. Donke MD			25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler ADDRESS 5611 South Grand Blvd.				

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 *Harry J. Schumacher*
Licensed Embalmer No. 2679

P. O. Address *5611 Grand*

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.