

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 31		c. CITY OR TOWN FREEBURG		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 307 NORTH ALTON			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. BAUMGARTE						4. DATE OF DEATH Month Day Year 8/18/60							
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/8/90		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING & CONSTRUCTION (RETIRED)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FAYETTEVILLE, ILLINOIS			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME WILLIAM H. BAUMGARTE				13b. MOTHER'S MAIDEN NAME LOUISA SAUERWEIN				14. NAME OF HUSBAND OR WIFE LOUISE B. BAUMGARTE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1				16. SOCIAL SECURITY NO. 343-03-7210		17. INFORMANT Address LOUISE BAUMGARTE (WIDOW) SEE #2							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT, SUSPECTED BRONCHOGENIC CARCINOMA, RIGHT LUNG WITH METASTASES TO LEFT LUNG AND SCALENE LYMPH NODES DUE TO (b) TO LEFT LUNG AND SCALENE LYMPH NODES DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES 2 YEARS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 162.1								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.													
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		STATE			
21. I attended the deceased from 7/18/60 to 8/18/60 and last saw him alive on 8/18/60 . Death occurred at 12:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) DAVID FERGUSON M.D.						22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 8/18/60				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-20-1960		23c. NAME OF CEMETERY OR CREMATORY ELMWOOD			23d. LOCATION (City, town, or county) (State) FREEBURG ILLINOIS						
24. FUNERAL DIRECTOR ADDRESS Geo. Reunor Belleville Ill					25. DATE RECD. BY LOCAL REG. AUG 18 1960			26. REGISTRAR'S SIGNATURE Loan Smith M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by not embalmed _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo Renner _____

Licensed Embalmer No. 2314

P. O. Address _____

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.