

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001049

STATE FILE NUMBER

ITEM NO. AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 12

FILED JAN 31 1962

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann		Length of stay in 1b 68 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 226 W. 4th St		d. STREET ADDRESS (If outside, give location) 226 W. 4th St	
3. NAME OF DECEASED (Type or print) First CHARLES Middle ALOYSIUS Last BAUMSTARK		4. DATE OF DEATH Month January Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/8/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Carl Baumstark		13b. MOTHER'S MAIDEN NAME Monica Steppe	
14. NAME OF HUSBAND OR WIFE Maria Baumstark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Maria Baumstark, Hermann, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 6 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS 1953		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 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 19 58 to 1-20-62 and last saw her alive on 1-20-62 Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George M. Workman M.D.		22b. ADDRESS HERMANN, MO	
22c. DATE SIGNED 1-23-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/23/62	23c. NAME OF CEMETERY OR CREMATORY Gt. George Cemetery	
23d. LOCATION (City, town, or county) Hermann		23e. STATE Mo	
24. FUNERAL DIRECTOR Herman Blumer Inc		25. DATE RECD. BY LOCAL REG. 1-23-62	
26. REGISTRAR'S SIGNATURE Delma Uffelman			

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1962

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 _____
Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.