

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital**)

File No. **17611**
 Registered No. **4693**
 St. Ward)

2. FULL NAME

(a) Residence. No. **210 W. Mann** St. **1** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3/SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carl Bevingartner**

17. HEREBY CERTIFY That I attended deceased from **May 6 1930** to **May 10 1930**, and that I last saw **her** alive on **May 10 1930**, and that death occurred, on the date stated above, at **10:20 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 29 - 1904**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis due to Pneumococcus of - Incision - Drainage
 (duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 11

CONTRIBUTORY (SECONDARY) **1/2 6** (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer) **1312 129 109A**
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH **?**

9. BIRTHPLACE (CITY OR TOWN) **H.D.**
 (STATE OR COUNTRY) **Illinois**

1/ DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **5/9/30**
 WAS THERE AN AUTOPSY? **no**

10. NAME OF FATHER **Alfred Peterson**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Laboratory**
 (Signed) **Edward Williams, M. D.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Illinois**
 (STATE OR COUNTRY)

1/10 1930 (Address) **City Hospital**

12. MAIDEN NAME OF MOTHER **Annus Stuebel**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Illinois**
 (STATE OR COUNTRY)

14. INFORMANT (Address) **City Hospital**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Monroe Ill.** DATE OF BURIAL **5/10 1930**

15. FILED **19** **Miss C. Stuebel** REGISTRAR

20- UNDERTAKER **Southern N. & P. Co.** ADDRESS **6320 Grand**

Exact statement of OCCUPATION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

510 57 2

Samstag

June 19, 1931

To - U. S. Health Dept. Room #10, /Municipal Courts Bldg.

Patient - Marie Baumgartner, #2206

On Physical Examination - a diagnosis of Salpingitis was made;

Operation - General Peritonitis. ^{Culture of abscess fluid} Ulses of abscess showed

streptococcic; probably secondary Salpingitis.

Walter C. G. Kirchner

Walter C. G. Kirchner
Medical Director

M.D.

WCGK/N

abd.
Culture of abdominal fluid

7/10/37
R. W.

S-17611
8.1938

Name: Marie Baumgartner
Who died at: St. Louis Mo. on May 10, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: General Peritonitis due to Pneumococcus, operation - Incision - Drainage
Contributory: _____

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

S-17611

yr 1930