

FEB 16 1938

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

4019
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County Registration District No. 96
(b) Township Clayton Primary Registration District No. _____ Registered No. 121
(c) City Clayton (d) Street No. St. Louis County Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edna I. Bauman 550

(a) Residence, No. 2143 Edmund Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as saw mill, bank, etc. McKinley School
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Missouri

FATHER 13. NAME Carl W. Bauman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellston, Ohio

MOTHER 15. MAIDEN NAME Aleta Zimmerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Mr. Carl W. Bauman
2143 Edmund Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE January 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pleitch Inc.
5966 Clayton Ave.

20. FILED 1-18 THEODORE R. MEYER M. D. DEPT. OF HEALTH
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic left otitis media
SA
Date of onset 6 yrs.

Other contributory causes of importance:
Meningitis, pneumococci
11/1/38

Name of operation None Date of _____
What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John O. Cornell M. D.
(Address) Coroner, St. Louis Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, W. C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. C. Gibson

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. C. Gibson

Licensed Embalmer No. 3454

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.)