

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

23620

Do not use this space.

Registered No. **6314**

1. PLACE OF DEATH **REC'D AUG 12 1938**

(a) County..... / Registration District No. **791**  
**1003**

(b) Township..... / Primary Registration District No. ....

(c) City **St. Louis** (d) Street No. **Faith 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 **Anna B. Bauman, 550**

(a) Residence, No. **1421 Hogan St.** St. **21** (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Bauman,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 17, 1966**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>72</b>	<b>2</b>	<b>26</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
**St. Louis**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Charles Hughes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans La.**

MOTHER 15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

17. INFORMANT **Mr. Frank Mc. Carthy,**  
 (ADDRESS) **4652a Tyrolian Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **July 15, 1938**

19. FUNERAL DIRECTOR **Cullinane Brothers**  
 (ADDRESS) **1710 N. Grand Blvd.**

20. FILED **III 14 1938** **J. T. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13, 1938**

22. I HEREBY CERTIFY That I attended deceased from **6-24, 1938, to 7-13-38, 1938.**

I last saw her alive on **7-13-38, 1938.** Death is said to have occurred on the date stated above, at **4504** m.

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

Date of onset **7/9/38**

**Massive Gangrene of left leg due to arteriosclerosis**

**946**

Other contributory causes of importance:  
**Infarcts of kidney, no stones**  
**Infarcts of Heart**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....  
 If so, specify.....  
 (Signed) **A. J. Signorelli**, M. D.  
 (Address) **2800 N. Taylor**  
**1529 Cass Ave**

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.

11-11260

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed *Fred Frick*  
Licensed Embalmer No. *3186*

**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.)**