DEC 12 1938

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

37270
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003

(c) City St. Louis, Mo. (d) Street No. St. Luke's Hosp. 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. 7 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9597

2. PRINT FULL NAME 558 Mrs. Margaret Bauman

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mr. Emil A. Bauman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28/1902

7. AGE: Years 36 | Months 3 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) June 1938
11. Total time (years) spent in this occupation 3yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albers Illinois

FATHER

13. NAME Henry Eilering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albers, Illinois

MOTHER

15. MAIDEN NAME Anna Baahlmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albers, Illinois

17. INFORMANT (ADDRESS) Edward Eilering Albers, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Damiansville, Ill. DATE Nov. 7/ 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington, Blvd.

20. FILED NOV 4 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938, to Nov. 3, 1938

I last saw h. er alive on Nov. 3, 1938. Death is said to have occurred on the date stated above, at 11:28 A.m.

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

Toxemia of Pregnancy — Date of onset Oct. 13

Other contributory causes of importance:

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

What test confirmed diagnosis? Yes 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) Geo. W. Stever, M. D.

(Address) St. Luke's Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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, ..., 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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.)