

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4683  
Do not use this space.

791  
1003

Registered No. 1376

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. Jewish 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 550 Frieda Bauman

(a) Residence No. Spode Rd., Creve Coeur, Mo. St. NR  
 b/o K.N. Smith (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 George Bauman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook  
 9. Industry or business in which work was done, as saw mill, bank, etc. Domestic  
 10. Date deceased last worked at this occupation (month and year) December 27, 1938 11. Total time (years) spent in this occupation 10 yrs.

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

FATHER 13. NAME Louis Kraft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie Scheurer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Illinois

17. INFORMANT Mr. George Bauman  
 (ADDRESS) % K.N. Smith - Spode Rd. - Creve Coeur, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton, Ill. DATE February 14, 1939

19. FUNERAL DIRECTOR (NAME) Reiderwieden Fu. Home, Inc  
 (ADDRESS) 1936 St. Louis Ave.

20. FILED 2/12/39 J. O. Budach  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1939

I HEREBY CERTIFY that I attended deceased from Nov. 29 to Feb. 10, 1939.  
 I last saw h. alive on Feb. 10. Death is said to have occurred on the date stated above, at 5:15 am.  
 The principal cause of death and related causes of importance were as follows:

Acute Coronary Artery Disease with Myocardial Infarction  
Chronic Hypertension  
Coronary Atherosclerosis  
 Date of onset

Other contributory causes of importance:  
Chronic Hypertension  
Coronary Atherosclerosis  
No other

Name of operation None Date of 7-1-39  
 What test confirmed diagnosis None 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) Harry Sandberg M. D.  
 (Address) None

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.

**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.....

..... *Lorou Percy* ....., Registered Apprentice No. *141*  
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address. *1926 W. 10th St.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**