REC'D MAY 10 1939

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

2 1

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13038
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3380
(c) or City St. Louis (d) Street No. 3126 Shenandoah 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 Max Baum
(a) Residence, No. 3126 Shenandoah St. 17
(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: Male
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 Hannah Baum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cattle Buyer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

FATHER
13. NAME David Baum 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hannah Baum
3126 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Apr. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED APR 11 1939 J. D. Bullock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to April 9, 1939
I last saw him alive on April 8, 1939 Death is said to have occurred on the date stated above, at 11:20a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	20 yrs
Other contributory causes of importance:	
Diabetes Mellitus	3 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exp. Was there an autopsy? No

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) Solon Cameron, M. D.
(Address) 508 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank J. Hyland Sr., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank J. Hyland Sr.

Licensed Embalmer No. 7645

P. O. Address St Louis Mo.

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

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