

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 784

Primary Registration District No. 81

Registrar's No. 2215

1. PLACE OF DEATH: 1

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County St. Louis

(c) City or town Ramona Park
(If outside city or town limits, write "RURAL")

(d) Street No. # 8 Rosemary Lane
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Rose Baumann

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1939 hour 3 minute :45 A.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Godfried Baumann

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 26 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-13-39
to 12-14-39, 19____; that I last saw her alive on 12-14-39 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death Possible cerebral apoplexy

Duration 24 hrs

9. Birthplace ? Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Due to _____

Due to 8221

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name ? ?

13. Birthplace ? ?
(City, town, or county) (State or foreign country)

14. Maiden name ? ?

15. Birthplace ? ?
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Nesselhoff

(b) Address 6126 Alabama Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) _____ (b) Date thereof Dec 18-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.H. Hofe

While at work? _____ (Specify type of place)

(f) Means of injury _____

18. (a) Signature of funeral director Wm. H. Hoff

(b) Address 744 S. Grand St. Clayton Mo

19. (a) DEC 17 1939 (Date received in health registry)

(b) R. R. Meyer, M.D., D.P.H. (Registrar's signature)

23. Signature H. J. Hayward (M. D. or other) _____

Address St. Louis Co. Mo Date signed 12-14-39

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.....

Olin E. Fendler Registered Apprentice No. 186
working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address Louis, Mo

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.)

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