

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

Do not use this space.

25888

**1. PLACE OF DEATH**

County Madison Registration District No. 620  
 Township Jefferson Primary Registration District No. 5822  
 City Conception No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Brother Mathew Baumann

(a) Residence, No. Conception St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 6, 1861

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to 7-9, 1940.  
 I last saw him alive on 7-7, 1940. Death is said to have occurred on the date stated above, at 5:55 p. m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 79 MONTHS 5 DAYS 3 If LESS than 1 day, ... hrs. or ... min.

Chc Myocarditis  
 Chc Nephritis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet-maker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In religious Inst.  
 10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation 50 yrs.

Other contributory causes of importance: 171  
Smoking  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Keltschweiler (STATE OR COUNTRY) Bavaria, Germany

13. NAME Vincent Baumann

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Cecilia Keeschne

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Dr. Victor Cummins (ADDRESS) Conception Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception Mo DATE 7/10 # 40

19. UNDERTAKER Dr. Victor Cummins (ADDRESS) Conception Mo

20. FILED July 23, 1940 J. M. Boyle Registrar.

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify no  
 (Signed) J. M. Boyle M. D.  
 (Address) Conception, June 1, Mo

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.

RECEIVED

District Health Officer No. 11,

District File Number

840-1013

Date Filed

JUL 31 1943