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STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 014
(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 8312 Penna. ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALFRED J. BAUM

3. (b) If veteran, name war OK 3. (c) Social Security No. OK

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha E. Baum 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased april 9 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation Electrical worker

11. Industry or business manufacturing

12. Name Jewis Baum

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

14. Maiden name Christiana D. Auer

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

16. (a) Informant Records of St. Hospital #1

(b) Address Fulton, Mo

17. (a) ~~Final Removal~~ (b) Date thereof 6 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New ST. MARGUSEM

18. (a) Signature of funeral director C. Hoffmann 118 20

(b) Address 7414 S. Broadway

19. (a) June 12, 1941 (b) R. A. Cremer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 3:30 minute AM 5 P. M.

21. I hereby certify that I attended the deceased from May 16, 1941, to June 12, 1941;
that I last saw him alive on June 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by hanging

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence June 12, 1941

(c) Where did injury occur? State Hospital #1
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature John F. Bledsoe MD (M. D. or other) D

Address Fulton, Mo Date signed 6/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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11
2

AUG 14 1941

MAR 30 1942

ACT 8 1952

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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

If this body is not embalmed, fact should be so stated above.