

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33309

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8264

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Arnold Sigmund Baumann

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Phillipine 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 22 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Leutwil Aargau Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Funeral Director

11. Industry or business _____

12. Name Jacob Baumann

13. Birthplace Leutwil Aargau Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fischer

15. Birthplace Leutwil Aargau Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Gus P. Baumann

(b) Address 2501 Woodson Overland, Mo.

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

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2501 Woodson Rd - Overland, Mo.

19. (c) OCT 17 1941 (d) J. F. Bredet
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶
(c) City or town Creve Coeur ^{NR}
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street Road ⁰
(If rural, give location) ¹
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1941 hour 5 minute 15 p. a. M.

21. I hereby certify that I attended the deceased from July 2 2 1941 to Oct 15 1941
that I last saw him alive on Oct 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 10 yrs
Chl. myocarditis
Phlebotomites (Calculus) 15 yrs

Due to infection

Due to infection

Other conditions Hypertrophied Prostate
(Include pregnancy within _____ months of death)

Major findings: Bladder Calculi
Of operations Hypertrophied Prostate
Of autopsy Phlebotomites
Chl. myocarditis

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bredet (M. D. or other) _____
Address 607 W. 3rd Date signed 10/17/41

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

MOTHER FATHER

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 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, fact should be so stated above.