

FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10694

State File No.

Registration District No. 297

Primary Registration District No. 5418

Registrar's No.

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL - PRAIRIE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. HIGHWAY 12
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec - 10
1941 to March 13 1942
that I last saw her alive on 3/13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 days

Due to Branchial Pleurisy
Other conditions Branchial Pleurisy
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy 107

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) no
(b) Date of occurrence V
(c) Where did injury occur? V
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? V (Specify type of place)
(e) Means of injury V
23. Signature W. J. ... (M. D. or other) 0
Address Dr. ... Date signed 3/13/42

3. (a) PRINT FULL NAME SOPHIA BAUMBACH
3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife FRANK 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased SEPT 27 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 16
If less than one day hr. min.

9. Birthplace JEFFERSON CO, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business
12. Name FREDERICK ?
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name NO T KNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant ROBT. KELLOG
(b) Address LONEDELL, MO.

17. (a) BURIAL (b) Date thereof MAR 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS, MO.

18. (a) Signature of funeral director Ally & Lenot
(b) Address ST. CLAIR, MO.

19. (a) 3/13/42 (b) W. J. ...
(Date received local registrar) (Registrar's signature)

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

36000

1120

APR 3 1942

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 *H. M. Lent*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.