

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No.

1000

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:
St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5590 W. Florissant Ave
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1942 hour 5 minute 35 P.M.
21. I hereby certify that I attended the deceased from 3-17-42
_____ 19____ to 6-6 1942
that I last saw him alive on 6-6 1942
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma Lt. Kidney & lung metastases
Duration 8 mos.

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

Major findings:
Of operations _____
Of autopsy same as clinical diagnosis

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 _____
23. Signature John J. Hammond (M. D. or other) C. M. D.
Address 634 N. Grand Date signed 6/8/42

3. (a) PRINT FULL NAME Robert J. Baumann.

3. (b) If veteran, name war None 3. (c) Social Security No. 488-07-0033

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

6. (b) Name of husband or wife Annetta Baumann 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. 10. 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 26
If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation China Salesman

11. Industry or business Mound City China Co.

12. Name Robert Baumann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annetta Baumann

(b) Address 6720 Myron Ave.

17. (a) Burial (b) Date thereof 6/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blyd.

19. (a) _____ (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

20
117
9

Dr. Jno J. Hammond
One Ph. Bldg

Fr 5080

Oct 20 1940

7³⁰ - 5³⁰

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.....

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.