

FILED OCT 6 1942

State File No. 8015

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
 (a) County: St. Louis  
 (b) City or town: St. Louis  
 (c) Name of hospital or institution: Christian Hospital  
 (d) Length of stay: In hospital or institution: 8 days  
 In this community: 8 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: St. Louis  
 (c) City or town: University City  
 (d) Street No.: 6518 Bartmer Ave.  
 (e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME: David G. Baumann  
 (b) If veteran, name war: \_\_\_\_\_  
 (c) Social Security No.: 498-16-7441

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: Sept day: 26 year: 1942 hour: 3 minute: 45 M.  
 21. I hereby certify that I attended the deceased from Sept 18 1942 to Sept 26 1942  
 that I last saw him alive on 9/26/42 and that death occurred on the date and hour stated above.

4. Sex: Male  
 5. Color or race: Wh  
 6. (a) Single, widowed, married, divorced: S O  
 6. (c) Age of husband or wife if alive: 50 years  
 7. Birth date of deceased: March 15 1922 (Month) (Day) (Year)

Immediate cause of death: Cardiac Compression and dislocation into right thorax  
 Duration: \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	20	6	11	hr. min.

Due to: Pericardial effusion  
 Due to: massive total malignant infiltration & consolidation of left lung  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace: St. Louis County Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation: Courtman

PHYSICIAN  
 Major findings: Of operations: \_\_\_\_\_  
 Of autopsy: same as above

11. Industry or business: Land Title Ins. Co.,  
 12. Name: Clarence E. Baumann  
 13. Birthplace: Boonville, Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name: Virginia O'Brien  
 15. Birthplace: Overton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Clarence E. Baumann  
 (b) Address: 6518 Bartmer Ave.  
 17. (a) Burial: Hiram Cemetery (b) Date thereof: 9/29/42 (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director: Louis H. Bopp, Inc. (b) Address: 514 Clayton  
 19. (a) SEP 28 1942 (Date received from registrar) (b) J. F. Wredeck (Registrar's signature)

23. Signature: D. T. ... (b) Address: 306 N. Grand St. Date signed: 9/27/42

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

MOTHER FATHER

Handwritten initials and date: SEP 28 1942

Handwritten notes: 96 NR 5

**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.....

*Jahiri M Meyer*

Licensed Embalmer No. *3788*

P. O. Address. *Birkwood Ave*

**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.**