

JUL 31 1943

818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6607

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Yrs 2 Mo. 2 da  
(Specify whether years, months or days) 75

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. 5800 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Amelia Baumann

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

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Aug. 21, 1888 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 0 hr. min.

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

10. Usual occupation Nil

11. Industry or business.

12. Name Herman Heinemann

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

14. Maiden name Unknown

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.,

17. (a) Burial (b) Date thereof 7/23/43  
(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) JUL 21 1943 J. J. [Signature]  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 5/20/36  
to 7/21 1943  
that I last saw him alive on 7/21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
3 years

Due to Arteriosclerosis 12 years

Due to 3rd degree prolapsus mitri 12 years

Other conditions [Handwritten]  
(Include pregnancy within 9 months of death)

Major findings: Of operations

Of autopsy Myocarditis Arteriosclerosis  
B. cystic artery, prolapsus mitri

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) (c) Manner of injury  
23. Signature [Signature] (M. D. or other)  
Address City Infirmary Date signed 7/21/43

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.....

*Franz A. Moore*

Licensed Embalmer No.....

*3041*

P. O. Address.....

*2117 E. Grand*

**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.**