

FILED AUG 5 1943

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hobley Nursing home 41823 N. 2nd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1823 North 2nd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JOHN BAEUNLEIN

3. (b) If veteran, name war none
3. (c) Social Security No. 488-14-4710

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife Minnie Baeumlein
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug. 22 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 23
If less than one day .br. min.

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

10. Usual occupation guide at

11. Industry or business Goetz Brewery

MOTHER FATHER
12. Name unknown
13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Baeunlein
(b) Address St. Joseph, Mo.
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 7/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director
(b) Address St. Joseph, Mo.
19. (a) 7/15/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 -
1943, to July 15, 1943
that I last saw him alive on July 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Uraemia
Carcinoma Prostate
Duration 4 days

Due to
Due to 51 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma Prostate
Of operations
Of autopsy none
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 J. J. Bausch (M. D.)
Address St. Joseph Mo Date signed 7/15/43

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

Dr. J. G. Bandbach
825 1/2 7th St.

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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... *Frank A. Bennett*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 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.