No. 2
M—2-43
5-17-39

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

32450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9

ISSUED SEP 25 1943

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 2099

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kirkwood Rd & Adams ave - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 220 W. Monroe 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Bauman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 6 (Day) 1886 (Year)
8. AGE: Years 57 Months 9 Days 11 If less than one day hr. min.
9. Birthplace Logonspart (City, town, or county) Ind 1 (State or foreign country)
10. Usual occupation Bartender
11. Industry or business
FATHER
12. Name Alois Bauman
13. Birthplace (City, town, or county) unk 9 (State or foreign country)
MOTHER
14. Maiden name Catherine ?
15. Birthplace (City, town, or county) unk 9 (State or foreign country)
16. (a) Informant E. A. Reese
(b) Address Kirkwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St Peters Cem
18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood, Mo
19. (a) SEP 20 1943 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 8-7 1943, to 9-16 1943; that I last saw him alive on 9-12 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion First attack 8-7-43

Due to Chronic Myocarditis First noticed 12-29-42

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. B. Waters (M. D. ~~or other~~)
Address Kirkwood, Mo. Date signed 9-17-43

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1943

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.....

P. O. Address.....

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.