

FILED OCT 9 1943 7
Registration District No. _____

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Matthew Baumann
3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. UNKNOWN

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Elizabeth Baumann
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Sept 8 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 - 0 22 hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

MOTHER FATHER
12. Name John
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)
14. Maiden name Magdalene Schnurr
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Matthew Bauman

(b) Address 2813 Clevedon - St. Louis, Mo.

17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director Lois H. Bopp, Inc.

(b) Address Northwood, Mo.

19. (a) OCT 4 1943 (b) C. J. McLarry, M.D.
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Ballwin, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 12. 0
(If rural, give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 1 1943, to Oct. 1 1943, that I last saw him alive on Oct. 1 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Sepsis and starvation

Due to Carcinoma of esophagus

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations H6a
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature B. P. Lovin (M. D. or other) MD
Address Ballwin, Mo. Date signed 10-1-43

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.