S. No. 2
OM—2-43
5-17-39
I X35657

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32808

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9348

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: Jewish Hos'p
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED: 009

(a) State Mo (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel 12
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Morris Bauman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or Race White

6. (a) ~~Single~~, widowed, married, ~~divorced~~ 1

6. (b) Name of husband or wife Carrie S. Bauman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 27 (Month) 1863 (Day) (Year)

8. AGE: Years ✓ 79 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Insurance

FATHER
12. Name Bernard Bauman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Carrie Bauman
(b) Address Park Plaza Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell

19. (a) OCT 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from October 15th, 1943, to Oct. 22, 1943, that I last saw him alive on October 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	48 hrs.
Pyelonephrosis	5 weeks
Due to Nu-calculous	
Arteriosclerosis General	Few yrs.
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary sclerosis
Pyelonephrosis

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 Herman M. Meyer (M. D. or other) M.D.
Address 508 N. Grand Date signed 10/24/43

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 3398

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.