

No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32899
Registrar's No. 9365

FILED NOV 1 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4208 Grove St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME Henry L. Baumgartner

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 Married

6. (b) Name of husband or wife Louise A. Baumgartnernee Tiefenbrunn
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 5, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 18
If less than one day hr. min.

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

10. Usual occupation Shoe Repairer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Louise A Baumgartner

(b) Address 4208 Grove St.

17. (a) Burial (b) Date thereof 10/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) Date received local registrar OCT 25 1943 (Registrar's signature) J.F. Budeck

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. 4208 Grove St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd
year 1943 hour 4:20 PM minute M.

21. I hereby certify that I attended the deceased from June 1942 to Oct 23 1943
that I last saw him alive on Oct 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? Cemetery

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

23. Signature Dr. E. J. Ross (M. D. or other) M.D.
Address 4005 W. Laramont Ave Date signed 10-25-43

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..... *Francis A Williamson*
Licensed Embalmer No..... *3565*
P. O. Address..... *St Louis 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.