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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26058

Registration District No. 1318 — Primary Registration District No. 1003 — Registrar's No. 7261

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2705 Glasgow Avenue / (rear)
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis (rear) 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2705 Glasgow (rear)
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Arthur Baumruck

3. (b) If veteran, name war No

3. (c) Social Security No. 331-16-5554

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 8, 1876 (Month) (Day) (Year)

8. AGE: Years 67 | Months 9 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Shoe cutter

11. Industry or business

FATHER
12. Name Joseph Baumruck
13. Birthplace (City, town, or county) Europe 4 (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nell Baumruck
(b) Address 2705 Glasgow (rear)

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-23-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Vahalla Crematory

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 North Grand

19. (a) AUG 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1944 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 1 - 1944, to Aug 20, 1944 that I last saw him alive on 8/20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis; Pulmonary

Due to ✓

Due to ✓

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy No

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 Paul H. Chapman (M.D. or other)

Address 3518 Dodge Date signed 8/21-44

844 (Licensed Embalmer's Statement on Reverse Side)

Dr Chapman
3518 Dodson St

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. Emb. cert filed separately

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.