

FILED FEB 11 1948

State File No. _____
Registrar's No. 270311

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County: SAINT LOUIS
(b) City or town: Manchester
(c) Name of hospital or institution: Manchester Nursing Home. 4
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Overland 13
(d) Street No.: 8931 Lackland Road. 1
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: JULIUS BAUMHOFF.
3. (b) If veteran, name war: unknown 3. (c) Social Security No.: no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Feb. day: 3 year: 1946 hour: 5:00 minute: P. M.
21. I hereby certify that I attended the deceased from Dec 1 1946 to Feb 3 1946
that I last saw him alive on Feb 1 1946
and that death occurred on the date and hour stated above.
Immediate cause of death: Sepsis
Duration _____

4. Sex: Male 0 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown, Baumhoff
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: May 31 1850
(Month) (Day) (Year)

Due to: generalized arteriosclerosis
Due to: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

8. AGE: Years: 95 Months: 8 Days: 2
If less than one day: _____ hr. _____ min.

9. Birthplace: Franklin Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: unknown
11. Industry or business: _____

MOTHER FATHER { 12. Name: Frederick W. Baumhoff.
13. Birthplace: unknown Germany 4
14. Maiden name: Harriet Miers.
15. Birthplace: Galena, Wisc. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. L.F. Mathews.
(b) Address: 8931 Lackland Rd.
17. (a) Burial (b) Date thereof: 2-6-46
(c) Place: burial or cremation: Valhalla Cemetery
(Month) (Day) (Year)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(City or town) (County) (State)

18. (a) Signature of funeral director: C.R. Lupton & Sons.
(b) Address: 7233 Delmar Blvd.
19. (a) 2-6-46 (b) E. J. Danaher D
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature: A. L. Merkel M.D. (M. D. or other) _____
Address: 3507 Potomac Date signed: 2-5-48

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

6013

Dr. Cassius M. ...

No. Baptist Hosp.

Office:

3507 Postman
C.R. 1863
2-4 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.