S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946
318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10883

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2342

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 6935 Sharp
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James C Baumbach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar (Month) 3 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Willis Baumbach
13. Birthplace Brookfield, Ill. (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Marion Dulle
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Willis Baumbach
(b) Address 6935 Sharp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/II/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) MAR 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day March year 1946 hour _____ minute 330 P.M.

21. I hereby certify that I attended the deceased from March 3rd, 1946 to March 9th, 1946 that I last saw him alive on March 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Defected Valvular Heart Developement	6 da.
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Dr. W. H. Hutter (M. D. or other) M.D.
Address 3608 S. Grand Blvd. Date signed 3/14/46

(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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Ulmavois

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.