

S. No. 2
M-8-43
5-17-39
K37823

17041
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:
2734 ANN
(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)

3. (a) PRINT FULL NAME FRANK BAUMANN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
7. Birth date of deceased OCT. 7 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 3 If less than one day _____
hr. _____ min. _____

9. Birthplace Yugoslavia
(City, town or county) (State or foreign country)
10. Usual occupation Retired Sailor

11. Industry or business _____
12. Name Frank Baumann
13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Frankhorn
15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Baumann
(b) Address 2734 Ann Ave
17. (a) DURIAL (b) Date thereof MAY 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SUNSET BURIAL PARK
Thos. Kulis Road
18. (a) Signature of funeral director _____
(b) Address 2906 GRAVOIS
19. (a) MAY 10 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 2734 ANN (If rural, give location) 23 9 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 10
year 1946 hour 10 minute _____ A.M.
21. I hereby certify that I attended the deceased from Feb 1 1946 to May 10 1946
that I last saw him alive on May 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion 12 hrs
Due to arterio-sclerosis - 29 yrs.
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy no
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?
While at work? _____ (Specify type of place) (e) Means of injury fell
23. Signature H. Wolynski (M. D. or other) MD
Address 3318 S. Grand Date signed 5-10-46

100001
100002
100003

100004
100005

FRANK SAMANAN

MARRIED

JAN 1942

DATE

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 *David Van Fossen*

Licensed Embalmer No. *34342*

P. O. Address *2906 Ames*

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.