

FILED MAY 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19088

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town STE. GENEVIEVE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen  
(c) City or town Ste. Genevieve Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME ROSINA BAUMSTARK

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband FRANK BAUMSTARK 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased JANUARY 2 1959  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 0 If less than one day hr. min.

9. Birthplace NEW OFFENBURG, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name VALENTINE RÖTTLER

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

14. Maiden name MARY ISENMAN

15. Birthplace NEW OFFENBURG MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant John Baumstark

(b) Address Ste. Genevieve, Mo

17. (a) BURIAL (b) Date thereof MAY 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Gerome N. Stutz

(b) Address Ste. Genevieve, Mo

19. (a) 5-7-46 (b) Gerome M. Stutz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day 2 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 26 1946 to May 2 1946 that I last saw her alive on May 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Cerebral Arteriosclerosis  
Duration 4 Mo.

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)  
with bronchial pneumonia

Major findings: Of operations  
Of autopsy of 3 w

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

23. Signature Chas. H. ... (M. D. or other)  
Address Ste. Genevieve, Mo Date signed 5/14/46

JUL 2 1948

*Handwritten mark*

**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 *James H. Stanton*  
Licensed Embalmer No. *3817*  
P. O. Address *St. Genevieve, 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.**