

FILED 9/22/46
318

STANDARD CERTIFICATE OF DEATH

State File No. **31542**

Registrar's No. **7947**

Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Infirmiry Hospital**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **9/3/45 to 9/13/46**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK BAUMGARTNER**

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 **Separated**

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

7. Birth date of deceased **Sept 19 1864**
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Jefferson City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ferdinand BAUMGARTNER**

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

14. Maiden name **Katrina ACKERMAN**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmiry Records**
(b) Address **5800 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **9-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ARNOLD, Mo**

18. (a) Signature of funeral director **W. P. Arnold, JR.**

(b) Address **2128 Michigan**

19. (a) **SEP 18 1946** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13** year **1946** hour **7** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **9/11** 19 **46** to **Sept., 13** 19 **46** that I last saw him alive on **September 13** 19 **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **3 days**

Due to **Senility** ?

Due to **Spinal arteriosclerosis** ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **101** 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Robert K. ...** (M. D. or other) **J. D.**

Address **3722 Washington** Date signed **9/14/46**

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.....

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.