No. 2
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7:39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34921

FILED OCT 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8802

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: 2850 Arlington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 2850 Arlington Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Marie Baum

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 married

6. (b) Name of husband or wife William Baum

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb. (Month) 12 (Day) 1866 (Year)

8. AGE: Years 80 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Anton Haake
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Linnabur
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William Baum
(b) Address 2850 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 14 1946 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 6, 1946, to Oct 13, 1946, that I last saw her alive on Oct 13, 1946, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary occlusion

Due to arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 H. F. Bergmann (M. D. or other) MD 10/14/46

Address 3726 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bergmann
3720 Washington Ave
8:30 to 9:30

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.