

No. 2  
M-5-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42122

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10664**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis City Hospital  
(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 \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20

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

(d) Street No. 1516 N. 23rd St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME John C. Baumgartner

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1946 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Baumgartner 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 3 1881  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Due to Coronary Sclerosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

65	3	3	hr. min.
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Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
d \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George A. Baumgartner

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

14. Maiden name Anna Tucker

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

16. (a) Informant Nell Baumgartner  
(b) Address 1516 N. 23rd St.

17. (a) Burial (b) Date thereof 12-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) DEC 12 1946 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

(Specify type of place)  
Write at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Catharine E Taylor (M. P. or other)  
Address 1300 Clark Date signed 12-12-46

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

409332

JAN 21 1947

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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

*John S. Penneby*

Licensed Embalmer No. *4194*

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.**