S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39423

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 10800

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: Barnard Free Skin & Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Perry
(c) City or town Du Quoin
(If outside city or town limits, write "RURAL")
(d) Street No. RR #3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY H. BAUGHMANN
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nellie Baughmann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 5 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	18	hr. min.

9. Birthplace Tamoroa (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
MOTHER FATHER
12. Name John M. Baughmann
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name Mary Morrow
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Barnard Hosp. Records by Patient
(b) Address St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Perry Co., Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1947 hour 3 minute 18 P.M.
21. I hereby certify that I attended the deceased from Nov. 19, 1947, to Nov. 23, 1947, that I last saw h. i. M. alive on Nov. 22, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Squamous Carcinoma of Cervical Lymph Nodes, left	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Extensive Carcinomatosis involvement of Cervical Lymph Nodes & surrounding structures.
Of autopsy

PHYSICIAN — Underline the cause of 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. L. Tomlinson (M. D. or other) M.D.
Address 3427 Washington St. Louis Mo. Date signed 11-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....J. Allen Davis Jr

Licensed Embalmer No.....4953

P. O. Address.....St Louis 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.