. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40577

FILED DEC 11 1947

Registration District No. 819

Primary Registration District No. 6079

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE TS
(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 ..... (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country NO

3. (a) PRINT FULL NAME GILBERT W. BAUMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife LENA GRASS

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased OCT (Month) 23 (Day) 1908 (Year)

8. AGE: Years 39 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace ZELL (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name VALENTINE BAUMAN
13. Birthplace ZELL (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name ELIZABETH JOGGERST
15. Birthplace RIVER AUXVASES (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Mrs Lena Bauman

(b) Address Ste. Genevieve Mo Ste Route #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation ZELL MO

18. (a) Signature of funeral director Leo C. Beeler

(b) Address Ste. Genevieve Mo

19. (a) 12-1-47 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25 year 1947 hour 7 minute P M.

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

	Duration
Immediate cause of death: ACUTE CARDIAC DILITATION	
Due to	
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.

95

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 5

23. Signature Leo C. Beeler Coroner (M.D. or other)

Address Ste. Genevieve Mo Date signed 11-26-47

(Licensed Embalmer's Statement on Reverse Side)

DEC 1947

RECEIVED

Health Officer No. 4

File Number 1247-155

Date Filed 12-10-47

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 Adrian J. Ehler, Registered Apprentice No. 34, working under my personal supervision.

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. 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.