No. 2
-1/47
S-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 2248

Registrar's No. 565

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: Park Plaza Hotel Apt't (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 85 years

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. 220 N. Kingshighway (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANNAH LOEWENSTEIN BAUMAN
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex female
5. Color or race W.
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Samuel H. Bauman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 1 (Month) (Day) 1862 (Year)

8. AGE: Years 85 Months 4 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Leopold Loewnestein
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ernestine Block
15. Birthplace Ger any (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Paul Ullman
(b) Address 725 S. Skinker
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd.
19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1948 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from 19 20 to Jan. 19 19 48 that I last saw h. alive on Jan. 19 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3-4 days
Arteriosclerosis	1 year
Due to Coronary artery heart dis	"
Hypertensive	"
Due to Arteriosclerosis	"
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Llewellyn Sale (M. D. or other)
Address 4500 Olive St. Date signed 1/19/48

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.....

Licensed Embalmer No.....2971.....

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.