S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 13847

Registrar's No. 3840

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: St. Anthony Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 70 Years

3. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3841a South Grand Blvd. 9 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME KATIE BAUMANN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Adolf

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 1, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	75	1	20	hr. min.

9. Birthplace Waterloo, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

MOTHER FATHER
12. Name Kress 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Adolf Baumann
(b) Address 3841a South Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC
(b) Address 1936 St. Louis Avenue

19. (a) APR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 3-4, 1948, to 4-21, 1948, that I last saw h. ex alive on 4-21-48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis (Chronic)	2
Due to	
Due to	
Other conditions Chronic interstitial Nephritis (Include pregnancy within 3 months of death)	2

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) No
(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? —
While at work? — (Specify type of place) (e) Means of injury 0

23. Signature Bernard Ploch M.D. (M. D. or other)
Address 3527 Osage St. Louis 18, Mo. Date signed 4-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse side) Dr. Ploch

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

Dr. B. Ploch
3958 South Grand
Hours 1-3

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 Neal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.