

FILED NOV 19 1948

318

Primary Registration District No. _____

1003

Registrar's No. _____

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:
Lutheran Hospital 17
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward A. Bauman

3. (b) If veteran, name war ***** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 27 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 4 hr. min.

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

10. Usual occupation Retired

11. Industry or business Brewery Worker

12. Name Frederick Bauman

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

14. Maiden name Catherine Schulte

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

16. (a) Informant Anna Goddard
(b) Address 4142 Quincy St

17. (a) Burial (b) Date thereof 11-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) NOV 1 1948 (b) J. B. Sasser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 900
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4142 Quincy St 10
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept, 1948, to Oct 31, 1948
that I last saw him alive on Oct 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
chr myocarditi 3 hrs.
Due to general arterio sclerosis 2 yrs.
primary carcinoma 2 mos.
of liver

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
chr myocarditi
Of autopsy general arterio sclerosis
primary carcinoma liver

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature E. a. Vogel (M. D. or other) _____
Address 3325 S. Grand Date signed 11/1/48

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

MOTHER FATHER

DEC 2 1946

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.....

Henry M. Brammer

Licensed Embalmer No.....

4200

P. O. Address.....

St. Louis

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.