

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH #003State File No. 34572
9033
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3942 Tholozan				d. STREET ADDRESS (If rural, give location) 3138a New Ashland			
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) A.		c. (Last) Baumann		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 23, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saxony, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown Schatlich		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curt Baumann, 8200 Bellrieve Dr.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage					5 days	
	ANTECEDENT CAUSES						
	DUE TO (b) Endocarditis					1 yr	
	DUE TO (c) Chronic nephritis					1 yr	
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X			
22. I hereby certify that I attended the deceased from 10/19, 1950, to 10/24, 1950, that I last saw the deceased alive on 10/24, 1950, and that death occurred at 8: A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. Simpson M.D.</i>				23b. ADDRESS 3739 Gravois		23c. DATE SIGNED La. 4088	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Normandy, Mo.		
DATE REC'D BY LOCAL REG. OCT 24 1950		REGISTRAR'S SIGNATURE <i>J. B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred M. Williams, 4535 Washington			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Elton R. H. Ruelina*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4283*.....

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.

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