

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6219**  
**1046**  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		<b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4260 Sacramento Avenue, E</b>				d. STREET ADDRESS (If rural, give location) <b>10 4260 Sacramento Avenue, 15.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Guy</b>		b. (Middle) <b>R.</b>		c. (Last) <b>Baum</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2nd, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 13th, 1898</b>	9. AGE (In years last birthday) <b>54</b>		10. 1 YEAR Months Days 11. 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Harrison Hdw. &amp; Lbr.</b>		11. BIRTHPLACE (State or foreign country) <b>Cedar Grove, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jesse W. Baum</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kell</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle C. Baum nee Vines</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-2468</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Myrtle C. Baum, 4260 Sacramento Avenue, 15</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxemia, progressive</b> ANTECEDENT CAUSES DUE TO (b) <b>Emphysema of the lung</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Bronchial asthma</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>pulmonary heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b> <b>8 yrs</b> <b>years</b> <b>6 MO</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>241X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 8</b> , 19 <b>47</b> , to <b>Feb 2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Feb 1</b> , 19 <b>52</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Raymond Williams</b>		23b. ADDRESS <b>114 No Taylor, St Louis 8, MO</b>		23c. DATE SIGNED <b>Feb 2 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL <b>FEB 4 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

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

to sign this certificate

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Lindero

Licensed Embalmer No. 4275

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.