

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25450**

BIRTH NO.		REG. DIST. NO. <b>310</b>	PRIMARY REG. DIST. NO. <b>3058</b>	Registrar's No. <b>152</b>
1. PLACE OF DEATH a. COUNTY <b>St. Charles 0923</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township), <b>St. Charles 0923</b>		
c. LENGTH OF STAY (in this place) <b>4-Days</b>		d. STREET ADDRESS (If rural, give location) <b>1535 Gallaher Avenue</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First) <b>T</b>	b. (Middle)	c. (Last) <b>BAUMANN</b>
4. DATE OF DEATH <b>July 23 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>May 5, 1881</b>
9. AGE (In years last birthday) <b>71</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-Own Home</b>
11. BIRTHPLACE (State or foreign country) <b>St. Charles County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>John Engelmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Shaw</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Baumann (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leo F. Baumann, St. Charles, Mo.</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>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>bedden</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) <b>Coronary Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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?
22. I hereby certify that I attended the deceased from <b>May 10, 1949</b> , to <b>July 23, 1952</b> , that I last saw the deceased alive on <b>July 23, 1952</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Jim Jankin M.D.</b>		23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>7/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 26, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Dallmeyer &amp; Sons Co.</b>		
DATE REC'D BY LOCAL REG. <b>7-25-52</b>		REGISTRAR'S SIGNATURE <b>Ronnie Hamelton</b>		ADDRESS <b>St. Charles, Mo.</b>

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

AUG 26 1957

AUG 26 1957

MS. AUG 26 1957

**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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.