

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11215

FILED MAR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2131

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5572 Floy Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>5572 Floy Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>F.</u> c. (Last) <u>Baumgartner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 22 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10 - 5 - 1907</u>
9. AGE (In years last birthday) <u>45</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Buyer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>August F. E. Baumgartner</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Wamhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Ponath Baumgartner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>494-01-3801</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. August Baumgartner</u>		ADDRESS <u>6140 Lucille</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis of Abdominal Organs</u> INTERVAL BETWEEN ONSET AND DEATH <u>1951</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mucous Carcinoma Recto sigmoid</u> <u>1951</u> DUE TO (c) <u>None</u> 2. 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 <u>Mucous Carcinoma Recto sigmoid &amp; metastasis</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>Feb 22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>52</u> , and that death occurred at <u>4:15 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. H. Pundeman MD</u>		23b. ADDRESS <u>4126: Sher Av</u>	
23c. DATE SIGNED <u>Feb 23 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/25/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		ADDRESS <u>1905 Union Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. H. Lindeman  
4126A  
Shreve Ave.

12-3:30

MAR 7 1959

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

**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.