FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39216

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10231

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b 225	d. STREET ADDRESS (If outside, give location) 10 North 10th st. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle R. Last BAUMAN		4. DATE OF DEATH Month Day Year NOV. 6, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ unknown	8. DATE OF BIRTH 2-2-1878
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) unknown	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Bauman		14. MOTHER'S MAIDEN NAME Elizabeth Sehrman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Herman Hasen, Union, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) asphyxia (aspiration)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute gastric + jejunal dilation

DUE TO (c) bowel adhesions & obstruction

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5705

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/5/56 4:10P, to 11/6/56 and last saw her/him alive on 11/6/56

Death occurred at 7:20 P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 11/7/56.
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-8-56	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Washington, Mo.		
24. FUNERAL DIRECTOR ADDRESS Otto and Co., Washington, Mo.	25. DATE RECD. BY LOCAL REG. NOV 8 1956	26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Homer W. Frit

Licensed Embalmer No. 3

P. O. Address St. F

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.