Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010653
STATE FILE NUMBER
2 2068

MAR 17 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: CITY
b. CITY OR TOWN: ST LOUIS — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firmin Desloge Hosp — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: FRANKLIN
c. CITY OR TOWN: CATAWISSA Mo — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RR#1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: HENRY — Middle: F. — Last: AHRENHOERSTER BAUMER

4. DATE OF DEATH: Month 2 — Day 25 — Year 59

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 25-1908

9. AGE (In years last birthday): 50 — 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): STEEL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: Mo. Rolling Mills

11. BIRTHPLACE (City and state or country): DITTMER Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B. AHRENHOESTER BAUMER

13b. MOTHER'S MAIDEN NAME: SOPHIE CORDES

14. NAME OF HUSBAND OR WIFE: NORLENE AHRENHOESTER BAUMER

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.: 496-14-9050

17. INFORMANT: NORLENE AHRENHOESTER BAUMER — Address: CATAWISSA Mo

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shot gun wound of the Abdomen, — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): E919.0 19

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I. — WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐ — **20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in PART I or PART II of item 18.): Suffered wound from rifle apparently fired from rafter of the building, causing deceased his death

20c. TIME OF INJURY: Hour 300 p.m. — Month, Day, Year 2-25-59 — about 300 pm., February 25th, 1959

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.): Home

20f. CITY, TOWN, OR LOCATION: Catawissa — COUNTY: Mo — STATE:

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 610 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick F. Taylor Coroner — **22b. ADDRESS**: 1300 Clark — **22c. DATE SIGNED**: 2.27.59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 3-4-59 — **23c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cem. — **23d. LOCATION** (City, town, or county) (State): CATAWISSA Mo

24. FUNERAL DIRECTOR — **ADDRESS**: Brummer Funeral Home Inc. House Springs

25. DATE RECD. BY LOCAL REG.: FEB 27 '59

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 1470

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

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