

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017349

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4127

STATE FILE NUMBER

FILED APR 17 1963

VS 300  
Rev. 4/59

1

2 2/59

3

4 0

5 2

6

7 0

8 2

9

10

11

12 90-0

13

90

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>79 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4042 South Spring</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4042 South Spring</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>HENRY</u> Last <u>BAUNE</u>			4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1963</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>6/24/183</u>		9. AGE (last birthday) <u>79 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Manager (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Thread Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry Baune</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Roehl</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Sophie Lehmann Baune</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown); (If yes, give war or dates) <u>No</u>				16. SOCIAL SECURITY NO. <u>54A</u>		17. INFORMANT Address <u>Norman W. Goehler, 3620 Chippewa St.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>										<u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Hypertensive cardiovascular disease</u>	
										DUE TO (c) <u>4201</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Sept. 12, 1960</u> to <u>Apr. 12, 1963</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>Mar. 30, 1963</u> Death occurred at <u>9:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>[Signature]</u>						22b. ADDRESS <u>3654 South Grand Blvd.</u>			22c. DATE SIGNED <u>4-12-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Apr. 15, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri.</u>		(State)			
24. FUNERAL DIRECTOR ADDRESS <u>Beiderwieden Funeral Home, 1936 St. Louis</u>				25. DATE RECD. BY LOCAL REG. <u>APR 12 1963</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

Dr. Carlo Lucido  
3654 So. Grand.

**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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St Louis

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.