

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

File No. **89935**  
Registered No. **18578**

Primary Dist. No. **5101-461**

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Philadelphia</b>		2. USUAL RESIDENCE (Where deceased lived before admission). a. STATE <b>Pa.</b> b. COUNTY <b>Phila.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Philadelphia</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>6429 Wayne Ave</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Philadelphia</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>STAN</b> b. (Middle) <b>WOOD</b> c. (Last) <b>BAUMGARTNER.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 4 55</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec. 14 1894</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>SPORTS WRITER</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>SPORTS WRITER</b>		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) <b>60</b>
11. BIRTHPLACE (Also give State or foreign country) <b>HOUSTON TEXAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Joseph C. Baumgartner</b>		14. MOTHER'S MAIDEN NAME <b>Germyler Milliken</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S OWN SIGNATURE <b>Rita Lillian Baumgartner</b>		ADDRESS <b>6429 Wayne Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acidosis</b>				<b>48 hrs.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <b>Metastatic Carcinoma</b>				<b>9 MO.</b>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>CARCINOMA (PRIMARY RECTUM)</b>		<b>2 YRS.</b>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>MARKED ANEMIA</b>		<b>6 MO.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>154X</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 AND TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> m. E.S.T.	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN. ...., 1953, to ... 10/4 ...., 1953**, that I last saw the deceased alive on **10/4 ...., 1953**, and that death occurred at **1:20 P.M. E.S.T.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. Kenneth Miller</b>	M.D. or other	23b. ADDRESS <b>1841 Ashley Rd Phila 26 Pa</b>	23c. DATE SIGNED <b>10/4/55</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 7, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Sepulchre Cem</b>	24d. LOCATION (Town, township and county) (State) <b>Wyncosser, Monty County, Pa</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 5 1955</b>	25. SIGNATURE OF FUNERAL DIRECTOR <b>John R. Henderson</b>	ADDRESS <b>6301 St. A Phila. 44, Pa.</b>	