

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-059293

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
PAUL				BAUMANN		December 14, 1982		0750	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
Male		Cauc.		American		January 30, 1892		90 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		12. LAND OF INDUSTRY OR BUSINESS	
Switzerland		Friedrich Baumann - Switzerland		Marie L. Bigler - Switzerland		Miriam May		Government	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARRITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. LAND OF INDUSTRY OR BUSINESS	
U.S.A.		561-20-6391		Married		Miriam May		Government	
16. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. CITY OR TOWN		19. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Engineer		L.A. Flood Control Dist.		Sierra Madre		Sierra Madre		Mrs. Miriam Baumann - Wife	
10A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		10B. COUNTY		10C. CITY		10D. STATE		21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
756 No. Auburn		Los Angeles		Calif.		Los Angeles		(Same as 19a)	
21A. PLACE OF DEATH		21B. CITY OR TOWN		21C. STATE		21D. COUNTY		21E. CITY OR TOWN	
Residence		Sierra Madre		Sierra Madre		Sierra Madre		Sierra Madre	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS OPERATION PERFORMED FOR ANY CONDITION AS STATED IN 22 OR 23?		25. DATE OF OPERATION		26. PHYSICIAN'S LICENSE NUMBER	
(A) <i>Myocardial Infarction in Left Brain</i>				27. WAS OPERATION PERFORMED FOR ANY CONDITION AS STATED IN 22 OR 23?		28. DATE OF OPERATION		29. PHYSICIAN'S LICENSE NUMBER	
(B) <i>Adenocarcinoma of the Colon</i>				27. WAS OPERATION PERFORMED FOR ANY CONDITION AS STATED IN 22 OR 23?		28. DATE OF OPERATION		29. PHYSICIAN'S LICENSE NUMBER	
(C)				27. WAS OPERATION PERFORMED FOR ANY CONDITION AS STATED IN 22 OR 23?		28. DATE OF OPERATION		29. PHYSICIAN'S LICENSE NUMBER	
30A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		30B. PHYSICIAN'S SIGNATURE AND ADDRESS		30C. DATE SIGNED		30D. PHYSICIAN'S LICENSE NUMBER		30E. PHYSICIAN'S SIGNATURE AND ADDRESS	
Jan 3, 1982		12-12-82		Lewis H.V. May M.D.		5807 No. Temple City Blvd.		Temple City Ca	
31. SPECIFY ACCIDENT, SUICIDE, ETC.		32. PLACE OF INJURY		33. INJURY AT WORK		34. DATE OF INJURY—MONTH, DAY, YEAR		35. HOUR	
36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE SIGNED AS (THROUGH SUPERVISOR)		37. CORONER'S SIGNATURE AND ADDRESS		38. CORONER'S LICENSE NUMBER AND SIGNATURE		39. CORONER'S SIGNATURE AND ADDRESS		40. CORONER'S LICENSE NUMBER AND SIGNATURE	
		Compton Calif.		Unembalmed					
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. CEMETERY'S LICENSE NUMBER AND SIGNATURE		40. CEMETERY'S LICENSE NUMBER AND SIGNATURE	
Cremation		12-15-82		Angeles Abbey Crem.-1551 E. Compton Blvd.		Unembalmed			
41. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		42. LOCAL CEMETERY		43. DATE ASSIGNED BY LOCAL CEMETERY		44. DATE ASSIGNED BY LOCAL CEMETERY		45. DATE ASSIGNED BY LOCAL CEMETERY	
THE NEPTUNE SOCIETY #F-1289				DEC 15 1982					
STATE REGISTRAR		A.		B.		C.		D.	