

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37044
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Charles 2 Registration District No. 7.06A
 (b) Township Crows Primary Registration District No. 4.01 Registered No. _____
 (c) City or Wentzville (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 72 yrs. mos. ds.

2. PRINT FULL NAME Annie Bauer
 (a) Residence, No. Wentzville St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Louis Bauer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home duties
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Germany

FATHER 13. NAME Herman Hechbrock
 14. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Ann Wolf
 16. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Germany

17. INFORMANT Alois Bauer
 (ADDRESS) Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wentzville, Mo. DATE Oct 10, 1939

19. FUNERAL DIRECTOR (NAME) T. E. Pitman
 (ADDRESS) Wentzville, Mo.

20. FILED Oct. 31 / 39 Gertrude S. Forster
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939, to Oct. 6, 1939
 I last saw her alive on 10/7/39. Death is said to have occurred on the date stated above, at 6 PM.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
Coronary decompensation
 Date of onset 9-19-39

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Alvin M. Mearns, M. D.
 (Address) Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X19603

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.....

T. E. Pitman

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

T. E. Pitman

Licensed Embalmer No.

2711

P. O. Address.....

Wentzville, Mo

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 this body is not embalmed, above space should be left blank.