

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
607 Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 70 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole  
(c) City or town Jeff. City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 607 Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Christina A. Bauer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Chas. A. Bauer  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased December 14 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 24 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Chas Humbrock  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Losch  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas A Bauer  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-11-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri

19. (a) 12/9/39 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year 1939 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 12-2-1939 to 12-8-1939;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 20 hrs.

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Jefferson City Mo Date signed 12/9/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. D.—Every item of information should be carefully supplied. Items should be stated in plain terms. Do not abbreviate.

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**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.....

*Louis Quest*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson City*.....

**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.**