

Registration District No. 791Primary Registration District No. 17 1940Registrar's No. 512

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓ 1449 Dodier 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 52 yrs. (Specify whether years, months or days)

In this community

52 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME

Myrtle Bauer

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex

Female

5. Color or race

W.

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Leo Bauer

6. (c) Age of husband or wife if alive _____ years

59

7. Birth date of deceased

Nov. 1st. 1887
(Month) (Day) (Year)

8. AGE:

Years

52

Months

2

Days

15

If less than one day

hr. _____ min.

9. Birthplace

St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business _____

MOTHER {

12. Name

James Seketer

13. Birthplace

St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Don't know

15. Birthplace

St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Leo Bauer

(b) Address

1449 Dodier St.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1-19-40
(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Marcus Cem.

18. (a) Signature of funeral director

Joseph M. Mada

(b) Address

3710 N. Grand Blvd.19. (a) JAN 18 1940

(Date received local registrar)

J. B. B. B.

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1449 Dodier St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th.
year 1940 hour 12.15 minute _____ P. M.21. I hereby certify that I attended the deceased from Sept 18, 1937
19 _____, 19 _____, to Jan. 16, 19 40that I last saw h. er alive on Jan 8, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Duration

Months

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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 Sam O'Beam (M. D. or other) mdAddress 3720 Washington Date signed 1/17/40

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A. A. Smothers

Licensed Embalmer No. *3916*

P. O. Address *3710 N. Grand Bl*

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.