

1931  
140  
1 X1511  
USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8148

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 509

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3612 St. Marys Lane.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy  
(If outside city or town limits, write "RURAL")

(d) Street No. 3612 St. Marys Lane.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOHN E. BAUER. 600

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th.  
year 1940 hour 5 minute A.M. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida Bauer.

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

7. Birth date of deceased May 4, 1852.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1939  
Mar 12, 1940, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on Mar 12, 1940, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Arterio Sclerosis 8 yrs

Due to Senility 8 yrs

9. Birthplace Keokuk, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith (retired)

Due to \_\_\_\_\_

Other conditions 97  
(Include pregnancy within 3 months of death)

11. Industry or business C. B. & O. R. R. Co.

12. Name George Bauer.

13. Birthplace Germany.  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know.

15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mr. Albert L. Bauer.

(b) Address 3612 St. Marys Lane.

17. (a) Burial (b) Date thereof 3-14-1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk, Iowa.

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? \_\_\_\_\_

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 13 1940 (b) D. R. Meyer  
(Date received local health officer's certificate) (Registrar's signature)

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

23. Signature Dudolph St. Abel (M. D. or other) \_\_\_\_\_

Address 4929 Union Blvd Date signed \_\_\_\_\_

**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.....

*Leonard W. Kraeger*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Leonard W. Kraeger*.....  
Licensed Embalmer No. *2678*.....

P. O. Address *St. Louis, Missouri*.....

**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.**