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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9092

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2575

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4268a Clarence
(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

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4268a Clarence
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie L Bauer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Otto J.

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

7. Birth date of deceased January 17, 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Christian Lang
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Nannette Von Bitzenberg
15. Birthplace (City, town, or county) Not Known (State or foreign country)

16. (a) Informant Gustav A. Bauer
(b) Address 6029 Pernod

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. Kron L & U. Co.
(b) Address 2707 N Grand Blvd.

19. (a) MAR 18 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1940 hour 9 minute 30 p M.

21. I hereby certify that I attended the deceased from Dec 14, 1939, to Mch 16, 1940
that I last saw her alive on Mch 16, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Arteriosclerosis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W H Demstra (M. D. or other)
Address 3720 Washington Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Shaw

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.