

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33829  
8526  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 728 Hawk Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Martha Bauer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 10, 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 3 If less than one day  
hr. \_\_\_\_\_ min. 6

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

10. Usual occupation Housewife

11. Industry or business 9

12. Name John Mueck

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

14. Maiden name Unknown

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

16. (a) Informant Frederick Bauer

(b) Address 728 Hawk

17. (a) Burial (b) Date thereof 10/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 15 1940 (b) J. B. Bidack  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 728 Hawk  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13  
year 1940 hour 9.00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 1st, 1940, to Oct. 13th, 1940  
that I last saw her alive on Oct. 13th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd Cerebral Hemorrhage Duration \_\_\_\_\_  
over 5 months previous  
May 1st 1940  
Due to age + arteriosclerosis

Due to Alcohol

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 Orrick E. Smith (M. D. or other) \_\_\_\_\_

Address 4103 W. Pine 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.....

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

Signed.....

Licensed Embalmer No. 1284

P. O. Address. St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**