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S. No. 2  
-11-10-39  
5-17-39  
I X21492

**JAN 15 1940**

Registration District No. **7911**

Primary Registration District No. **13**

Registrar's No. **10007**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Days  
(Specify whether  
In this community Life  
years, months or days)

**8. (a) PRINT FULL NAME** Henry Bauer  
**8. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single

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

**7. Birth date of deceased** October 1, 1876  
(Month) (Day) (Year)

**8. AGE:** Years 64 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Laborer

**11. Industry or business** Alt Box & Lumber Co.

**12. Name** Martin Bauer

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

**14. Maiden name** Emma Brinner

**15. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Charles J. Bauer  
**(b) Address** 1707 Geyer Ave

**17. (a)** Burial **(b) Date thereof** 12/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Pauls Churchyard

**18. (a) Signature of funeral director** Wacker-Helderle  
**(b) Address** 2331 S. Broadway

**19. (a)** DEC 6 1940 **(b)** J. H. Bredbeck  
(Date received local report) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1707 Geyer Ave. (Rear)  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 5,  
year 1940 hour 12:10 minute A. M.

**21. I hereby certify that I attended the deceased from** November 11, 1940 to December 5, 1940,  
that I last saw him alive on December 5, 1940  
and that death occurred on the date and hour stated above

Immediate cause of death: Peri Urethral Abscess  
Urethral Strictures  
Due to Prostatic Abscess

Due to Bilateral Pyonephrosis  
No stones Non Malignant  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Peri Urethral Abscess  
Of operations \_\_\_\_\_  
**3** Of autopsy As Above

**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** J. H. Bredbeck (M. D. or other)  
Address 156 Lafayette Ave. S. Date signed 12/5/40

**Duration** \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert C. White*

Licensed Embalmer No. \_\_\_\_\_

*2128*

P. O. Address \_\_\_\_\_

*St. Louis, Mo*

**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.**