

No. 2
-13-40
-17-39
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12618
3048
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
4330 Gibson Ave.
(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 Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4330 Gibson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

0.00
17
18
19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1941 hour 11:05 minute P.M. M.
21. I hereby certify that I attended the deceased from 10-7-39
19... to 4-5-41 19...
that I last saw h... alive on 4-5-41 19...
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Robert Bauer (Pop)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Bauer 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec. 31st 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 5 hr. min.

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

10. Usual occupation Grocer

11. Industry or business.....

12. Name Unknown Bauer

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

14. Maiden name Unknown

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

16. (a) Informant Minnie Bauer

(b) Address 4330 Gibson Ave.

17. (a) Burial (b) Date thereof 4-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR - 7 1941 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Myocardial infarction heart disease
Due to Hypertension

Duration
6 yrs.
6 yrs.

Other conditions Coronary lesion
(Include pregnancy within 3 months of death)

Major findings:
Of operations 174
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 P. W. Crossman (M. D. or other) MD
Address 4011 Blair Ave Date signed 4-7-41

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

MOTHER FATHER

4:011 Blair Ave. R. 4
W. 3992
No 0068

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 *Edmund M. Dennis*

Licensed Embalmer No. *3029*

P. O. Address.....

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, fact should be so stated above.