

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25621

FILED AUG 11 1941

Registration District No. 561

Primary Registration District No. 5756

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Miller
(b) City or town: Marion Rural Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community: Few days !

years, months or days)

8. (a) PRINT FULL NAME: Lloyd Bauer

3. (b) If veteran, name war: _____ 8. (c) Social Security No. 492-67-7797

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edith Bauer 6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: Aug 7 1905
(Month) (Day) (Year)

8. AGE: Years: 35 Months: 10 Days: 28 If less than one day: _____ hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Telephone

11. Industry or business: Bell Telephone

12. Name: John Bauer

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

14. Maiden name: Frances Boos

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

16. (a) Informant: Edith Bauer

(b) Address: 3835 Waco St. Louis

17. (a) Removal (b) Date thereof: 7-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis

18. (a) Signature of funeral director: Edward J. Smith

(b) Address: St. Louis Mo.

19. (a) 7-30-41 (b) Belle Hargis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Miller

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

(d) Street No.: Rocky Mt. Gladstone Street (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 12 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning Duration _____

Fell from Boat - While Fishing

on Lake of Ozark - near Fickens Camp.

22. Date: Body found - 8 AM July 30 - 1941

Died at Fickens Camp site.

Other conditions: _____

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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): Accident

(b) Date of occurrence: July 5 - 1941

(c) Where did injury occur? Miller Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3
Lake of Ozark (Specify type of place)

While at work Fishing (e) Means of injury: Drowning

23. Signature: Edith Bauer - Coroner (M. D. or other)

Address: Berea Mo Date signed: 7/30/41

AUG 5 1941

APR 2 1948

This body was not embalmed.

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. *3663*

P. O. Address *Bedford*

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.