

BUREAU OF THE CENSUS
FILED OCT 28 1941

Registrar's No. **2146**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis, Co., Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Halla Ferry Memorial Hospital.
(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 **000**
(c) City or town **Saint Louis, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **3804-A Sullivan Ave.**
(If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st.**
1941. hour **5** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **9/19** 19**36** to **Aug 8** 19**41**
that I last saw **her** alive on **Aug 8** 19**41**
and that death occurred on the **date** and **hour** stated above.

Immediate cause of death **apoplexy of st. muscle**
paralyzed with heart
used to "sneeze"
" " chest

Duration
9 yrs
6 yrs
1/2 yrs?

Due to _____
Due to **552**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **no fast, no lymph nodes of neck**
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Delia Bauersachs,**

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 **Rudolph Bauersachs** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 24th, 1884.**
(Month) (Day) (Year)

8. AGE: Years **56.** Months **9** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House-Wife**

11. Industry or business _____

12. Name **William Ziegenhein**

13. Birthplace **Manchester Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Weidman**

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

16. (a) Informant **Killer Ecker**

(b) Address **3804-A Sullivan Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 23rd, 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Ziegenhein Broc.**

(b) Address **2623 Cherokee Street.**

19. (a) **OCT 22 1941** (b) **A. No. Larson**
(Date received for filing) (Registrar's signature)

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) Means of injury **0**

23. Signature **Arques Beckert** (M. D. or other) **MD**

Address **539 N. Grand** Date signed **10/22/41**

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

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 VE Morris
Licensed Embalmer No. 3360
P. O. Address 2623 Chest

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.