

FILED FEB 24 1947 91

Registration District No.

Primary Registration District No.

Registrar's No.

824

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

185  
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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:  
2103 B.S. Jefferson 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 Missouri (b) County 23  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2103 B.S. Jefferson Ave D  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William J. Bauer

3. (b) If veteran, name war..... None  
3. (c) Social Security No. 492-12-0002

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

6. (b) Name of husband or wife Margaret Bauer 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 31 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 25 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Clerk

11. Industry or business Ozark Paint Co

12. Name Joseph Bauer

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Binz  
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Margaret Bauer  
(b) Address 2103 B.S. Jefferson Ave

17. (a) Burial (b) Date thereof Jan 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter and Paul Cemetery

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) 1947 07 10 12 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day January  
year 1942 hour 4:30 minute P. 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 Coronary Occlusion;  
Arterio Sclerosis;

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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) (Means of injury)

23. Signature J. F. Predeck (M. D. or other)

Address..... Date signed 1/27/42

**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

*Frank J. Seebus*

Licensed Embalmer No. *2240*

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, fact should be so stated above.**