

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 369

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town "Rural" St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesù
(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)

3. (a) PRINT FULL NAME: Sister Mary Onesima Bauer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 17 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation: Retired Religious - Teacher

11. Industry or business _____

12. Name John Bauer

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

14. Maiden name Anna Maria Kousherl

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

16. (a) Informant: Sister Mary Ludwiga

(b) Address: Villa Gesù P.O. Box 503

17. (a) Burial (b) Date thereof: February 17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Villa Gesù - Cemetery

18. (a) Signature of funeral director: Fendler Und Co

(b) Address: 7420 Michigan

19. (a) FEB 18 1942 (b) J. M. Harn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1942 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6-30 1942 to 2-14-42 1942;
that I last saw him alive on 2-14-42 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 2-13-42
Due to: arteriosclerosis hypertension 2
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)
(a) Means of injury: 5

23. Signature: Albert A. Denk (M. D. or other)
Address: 5388 N. Union Blvd Date signed: 2-16-42

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

16
00

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.....

John Fetter

Licensed Embalmer No.....

3880

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.