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FILED AUG 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22595

State File No.

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6482

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community 79 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2 (If outside city or town limits, write "RURAL")

(d) Street No. 4762 Alma Ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Bauer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Philip Bauer

6. (c) Age of husband or wife if dead 67 years

7. Birth date of deceased November 16th 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 13 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name Charles H.L. Groffmann (Groffmann)
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Clara Weber
15. Birthplace St. Louis Co. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clara Groffmann

(b) Address 4086 Lindell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1st 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [signature]

(b) Address 6203 Gravois Ave.

Date received local registrar: Aug 31 1942 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29, year 1942 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 26, 1942, to July 29, 1942; that I last saw her alive on July 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Senile psychosis arteriosclerotic type

Due to

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Operations No autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John E. Miksicek M.D. (M.D. or other)

Address 1515 Lafayette Date signed 7/30/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202 F

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.