

S. No. 2
M-5-42
7-5-17-39
X32879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22596

State File No.

6562

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1300

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John Bauer

3. (b) If veteran, name war. No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased July 17 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 13 ..hr. ..min.

9. Birthplace Prairie Du Long / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Rail Road

12. Name John Bauer

13. Birthplace Unknown / Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Wachtel
15. Birthplace Unknown / Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Dietrich
(b) Address 806 N. 84th St. E. St. Louis Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 8-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation. Holy Cross Cemetery Cullinane Bros.

18. (a) Signature of funeral director. 1710 N. Grand Blvd.

(b) Address
19. (a) AUG 3 1942 (Date received local registrar) (b) J.F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 62
(c) City or town. St. Louis 2111
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Hogan St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30,
year 1942 hour 7:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 16, 1942, to July 30, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic glomerulonephritis
Duration

Due to.....

Due to.....

Other conditions 1941
(Include pregnancy within 5 months of death)

Major findings: 1941
Of operations.....

Of autopsy.....

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)
(e) Means of injury.....

23. Signature. Reese Edwards (M. D. or other)

Address 1515 Lafayette Date signed 7/31/42

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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 *Fred Frick*

Licensed Embalmer No. **3186**

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.