S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31714

Registrar's No. 8552

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:
St. Anthony Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours. (Specify whether years, months or days)
In this community Forty years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5218 Dewey Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luella B. Bauer

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 Married

6. (b) Name of husband or wife Walter C. Bauer, | 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. (Month) 15, (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	11	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Junius A. Dodson
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emma J. Compton
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Walter C. Bauer
(b) Address 5218 Dewey Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wacker-Helderle U.Co.
(b) Address 3634 Gravois Ave.,

19. (a) OCT 15 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1942 hour 5 minute 55 a.m.

21. I hereby certify that I attended the deceased from Oct. 6th, 1942, to October 13th, 1942; that I last saw her alive on October 12th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Right Side)	8da
Due to: Chronic Nephritis	
Due to: Arteriosclerosis	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations XXXXXX
Of autopsy XXXXXX

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) XXXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXX (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. M. H. Walters (M. D.)
Address 3608 South Grand Blvd. Date signed 10/13/42

844 (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.....

Licensed Embalmer No. 36-45

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.