

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2476

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home, 4
(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 St. Louis
(c) City or town Ballwin
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1942 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 2nd 1942 to November 18th 1942
that I last saw him alive on November 17th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to _____
Due to _____
Other conditions Malacia
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 R. W. Jansen (M. D. or other)
Address Manchester, Mo. Date signed 11/19/42

3. (a) PRINT FULL NAME WILLIAM BAUER.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 9

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

7. Birth date of deceased Oct 20 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Bauer

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

14. Maiden name Unk

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

16. (a) Informant Pine Crest Nursing Home

(b) Address Ballwin, Mo

17. (a) _____ (b) Date thereof 11-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington D.

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutherford

19. (a) NOV 30 1942 (Registrar's signature) R. W. Jansen
(Date received local registrar)

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

96

0

96

0

0

MOTHER FATHER

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.....

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.