

S. No. 2
M-2-43
5-17-39
I 235

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15846

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4408**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5742 Delor Ave.
(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 Jacob F. Bauer

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

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

6. (b) Name of husband or wife Julia Bauer 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 4th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 6 hr. _____ min.

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

10. Usual occupation Automobile Trimmer

11. Industry or business retired 7 Yrs.

MOTHER FATHER { 12. Name Laurence Bauer 13. Birthplace Germany

14. Maiden name Julia Nahlik 15. Birthplace Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Dr. A.V. Bauer

(b) Address 5742 Delor Ave.

17. (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 1943 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5742 Delor Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1943 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from May 8 1943
to May 9 1943,
that I last saw him alive on May 9, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

coronary thrombosis Duration 60 hrs.

Due to coronary Sclerosis

Due to age

Other conditions _____
(Include pregnancy within 3 months of death)

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 J. F. Buddeck (M. D. or other) M.D.

Address 3115 S. Grand Date signed 5-11-43

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

2115 St. Anne St
New York 10014

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 Edwin M. Bennett

Licensed Embalmer No. 3024

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.