

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35543

State File No.

Registrar's No. 2450

Primary Registration District No. 6076

FILED NOV 6 1943 17
Registration District No.

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Rt. 8, Box 727
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Frank J. Bauer

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 7, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 II 23 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business none

12. Name Jacob Bauer

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

14. Maiden name Catherine Kempf

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

16. (a) Informant Mary Bauer

(b) Address Rt. 8, Box 727

17. (a) Buried (b) Date thereof Nov. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattese

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) NOV 4 - 1943 (b) E. J. McLaughlin, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mattese
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 8, Box 727
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1943 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 30, 1943 to Oct 31, 1943
that I last saw him alive on Oct 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 4 Mo.

Duration _____

Due to _____

Due to _____

Other conditions Coronary sclerosis 5 yrs

Major findings: Of operations _____

Of autopsy 13/1

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 Arthur J. Ferguson (M. D. or other) _____
Caprengton Mo Date signed 11/2/43

NOV 17 1948

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..... *Oliver E. Lunde*
Licensed Embalmer No. *4148*
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.