

FILED JAN 12 1944 18

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State File No. _____

Registrar's No. 12012

Registration District No. _____ Primary Registration District No. _____

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:
3525 Osage /
(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 000
17

(c) City or town St. Louis 916
(If outside city or town limits, write "RURAL")

(d) Street No. 3525 Osage
(If rural, give location)

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

3. (a) PRINT FULL NAME Hilda Bauer

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

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

6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 8 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>7</u>	<u>23</u>	----- hr. ----- min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gustave Schellhardt

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

14. Maiden name Louisea Heuer

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

16. (a) Informant Eugene Bauer

(b) Address 3525 Osage

17. (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm E. Maydell

(b) Address 1926 Allen Ave.

19. (a) JAN 3 1944 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 31st day, 1943 year, 12 hour, 05 minute, P. M.

21. I hereby certify that I attended the deceased from 12-2-43 to 12-31-43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease

Due to _____

Due to _____

Other conditions g 2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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? _____

23. Signature J. A. Gibeaux (M. D. or other) _____
Address 3200 Lucas Avenue Date signed 1/1/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 31 1943

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

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.