

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43824

State File No. _____

FILED JAN 3 1948
Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2935

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9455 LACKLAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 32 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 9455 LACKLAND
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph G. BAUER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ROSA BAUER 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 17 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 10 hr. min.

9. Birthplace RICH FOUNTAIN Mo
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED WATCHMAN

11. Industry or business

12. Name George BAUER
13. Birthplace Gy
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Gy
(City, town, or county) (State or foreign country)

16. (a) Informant Lambert Bauer
(b) Address Overland Mo

17. (a) BURIAL (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Cem.

18. (a) Signature of funeral director Orman Fox Home
(b) Address 9222 LACKLAND OVERLAND Mo

19. (a) DEC 28 1943 (b) C. D. Mc Larson Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1943 hour _____ minute 12:15 A. M.
21. I hereby certify that I attended the deceased from Dec 20
1943, to DEC 27, 1943,
that I last saw him alive on 20th day DEC, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death HEART ATTACK Duration WEEK

Due to LAZARIPPE

Due to _____

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

Major findings: Of operations _____

Of autopsy 336

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 Wm L. Perry (M. D. or other) _____
Address 4452 Kennerly Date signed _____

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

MOTHER FATHER

461 12 80

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 W. O. Stmann

Licensed Embalmer No. 3478

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.