

FILED MAR 27 1944

318

State File No.

2662

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
5649 Milentz  
(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 Margaret Bauer

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

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

6. (b) Name of husband or wife George Bauer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 17 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Ott

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

14. Maiden name Margaret Epstein

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

16. (a) Informant Mrs. Margaret Groetsch

(b) Address 5649 Milentz

17. (a) Burial (b) Date thereof 3/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter-Paul

18. (a) Signature of funeral director J. P. Funder Jr.  
(b) Address 7128 Michigan

19. (a) MAR 20 1944 (b) J. F. Bebeck  
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5649 Milentz  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1944 hour 9.55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec. 13 to March 18, 1944  
that I last saw her alive on March 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the sigmoid

Due to: Gen - Metastasis

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None

Duration

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. Roy Compton (M. D. or other) \_\_\_\_\_  
Address 6222 Page Date signed \_\_\_\_\_

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

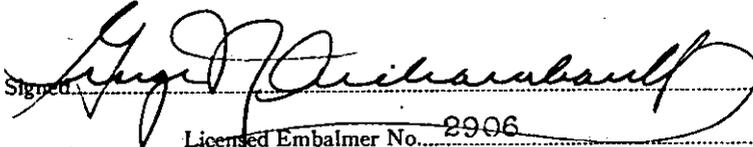
MOTHER FATHER

After 1 P.M.  
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**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.....

George N. Archambault....., Registered Apprentice No. XXXXXX  
working under my personal supervision.

Signed   
Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.**