S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35640

FILED DEC 9 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10304

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5249 Quincy St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LEO-FRANK-BAUER.

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 493-09-7052

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha E.Bauer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 28 (Day) 1895 (Year)

8. AGE: Years 49 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Advertising Man

11. Industry or business Meyer Bros.Drug Co.

FATHER
12. Name George E.Bauer Sr.
13. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary A.Walther
15. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs.Berthat E.Bauer

(b) Address 5249 Qincy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.5,1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Hope Cemetery

18. (a) Signature of funeral director C.Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa st.

19. (a) DEC 4 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 1 - year 1944 hour 1 minute 12 P M.

21. I hereby certify that I attended the deceased from Nov - 27 - 1944, to Dec - 1 - 1944, that I last saw him alive on Dec - 1 - 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Dilatation	30 minutes
Due to Carcinoma Colon	3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Colon Hepatic Flexure -

Of autopsy

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 (e) Means of injury

23. Signature [signature] (M. D. or other) MN

Address 220-N-4th St Date signed 12.1.44

(Licensed Embalmer's Statement on Reverse Side)

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lexington 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.