V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10985

Primary Registration District No. 1003

Registrar's No. 2978

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11 15
(d) Street No. 4180 Taft Ave. (If rural, give location) 1
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Bauer

3. (b) If veteran, name war

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 Frank

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1866 (Year)

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

9. Birthplace (City, town, or county) Germany (State or foreign country) 11

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 63

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 61

16. (a) Informant Joseph Zeis
(b) Address 3663 Connecticut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) APR 3 1945 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 2 1945 to April 1 1945 that I last saw her alive on April 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 5 days

Due to Nephritis chr

Due to Myocarditis chr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 W. Wagenbach (M. D. or other)
Address 4738 Gravois Date signed 4/2/45

(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 Frank J. Ohyland

Licensed Embalmer No. 2645

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.