

FILED SEP 12 1945

Registration District No. 780

Primary Registration District No. 5673

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Old Monroe Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 NAMEEsther M. Bauer

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 2 26 _____ hr. _____ min.

9. Birthplace Old Monroe Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Bauer 0
13. Birthplace Old Monroe Mo
(City, town, or county) (State or foreign country)
14. Maiden name Drieserwerd
15. Birthplace Old Monroe Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Bauer
(b) Address Old Monroe Mo.

17. (a) Burial (b) Date thereof 8-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (c) Signature of funeral director W. Keith
(b) Address Old Monroe Mo.

19. (a) 8-24-45 (b) Mr. Tison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln 57
(c) City or town Old Monroe Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1945 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 8-10 to 8-21, 1945
that I last saw him alive on 8-20, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis

Due to Appendicitis

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 W. Keith (M. D. or other) W. Keith
Address Old Monroe Mo. Date signed 8-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-10-45

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.....

E. Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.