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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28380

State File No. \_\_\_\_\_

FILED SEP 15 1945

Registrar's No. 2190

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) ~~RURAL~~ **St. Louis**  
(b) City or town **Wellston Station, St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Vincent's Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **196 days**  
(6 mos. 15 days) Specify whether  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **BAUER, Mrs. Mary**

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

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

6. (b) Name of husband or wife **Gregor Bauer** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Nov. 16, 1878**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **22** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **? Charles Brecht**

13. Birthplace **? Texas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Unknown**

15. Birthplace **? Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Record**

(b) Address **St. Vincent's Sanitarium**

17. (a) **Burial** (b) Date thereof **9 11 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter Paul**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **9-10-45** (b) **C. S. M. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5718 Chippewa**  
(If rural, give location)  
(e) Citizen of foreign country? **Native** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** 7  
year **1945** hour **4** minute **08 P.M.**

21. I hereby certify that I attended the deceased from **FEBRUARY**  
**23**, 19**45**, to **SEPT. 7**, 19**45**  
that I last saw h **ER** alive on **SEPT. 7**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration **2 WKS**

**CEREBRAL THROMBOSIS** 9 Mo

Due to **836**

Due to \_\_\_\_\_

Other conditions **AGITATED DEPRESSION (INVOLUTIONAL PSYCHOSIS)**  
(Include pregnancy within 3 months of death) **PHYSICIAN**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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 **P. E. Kulis club** (M. D. or other) **M.D.**

Address **ST. VINCENT'S SAN** Date signed **9-7-45**

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

MOTHER FATHER

FEB 1 1946

NOV 9 1945

**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 *Edwin D McRemond*

Licensed Embalmer No. *3024*

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.**