V. S. No. 2
00M—5-43
ev. 5-17-39
o. 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. 32059

FILED OCT 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9062

**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: 3119a Osage St.
(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)

**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. 3119a Osage St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Margaret Klein

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

7. Birth date of deceased January 29, 1853 (Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Jacob Bauer
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Schmidt
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward Melchoir
(b) Address 3119a Osage St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Schumacher Mud Co
(b) Address 3013 Meramec St.

19. (a) OCT 18 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 16 year 1945 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-11-, 1945, to 10-16-, 1945; that I last saw her alive on Oct 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke left side — Duration 6 days
Due to Hypertension
Due to
Other conditions Fracture of right radius and Ulna — 6 days.
(Include pregnancy within 3 months of death)
Major findings:
Of operations 186 R-5
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) accident
(b) Date of occurrence Oct 10, 1945
(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? In home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3610 So Broadway Date signed 10-17-45

(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 Francis Williamson

Licensed Embalmer No. 3565

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.**