

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

38898
State File No. 11327
Registrar's No.

FILED JAN 31 1948
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County roo
(c) City or town St. Louis 7/17
(d) Street No. 1433 N 24th St 11/9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME LIZZIE BAUER
3. (b) If veteran, name war. 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 23rd
year 1945 hour 12:10 minute P M.
21. I hereby certify that I attended the deceased from 12/16/45
19 to 12/23/45 19
that I last saw her alive on 12/23/45 19
and that death occurred on the date and hour stated above.

4. Sex Female! 5. Color or race White
6. (a) Single, widowed, married, divorced, widow 5
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 5 1870 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration
Due to Hypertensive Cardio Vascular Disease
Due to

8. AGE: Years 75 Months 18 Days 18 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 93
Major findings: Of operations
Of autopsy

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name David Hambrecht 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

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?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant John Pilawski
(b) Address 1433 N 24th St
17. (a) CREMATION (b) Date thereof 12-26-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Central Und. Co.
(b) Address 1841 Cass Ave
19. (a) DEC 26 1945 J. F. Bredack (Date received from registrar) (Registrar's signature)

23. Signature W. H. Brimley 12/24/45 (Date signed)
Address 1515 Lafayette

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

MOTHER FATHER

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.....

John Ogonoski

Licensed Embalmer No. *3398*

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.