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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

67

State File No.

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 152

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 4 days (Specify whether years, months or days)
In this community 57 years

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. 3123 Alfred
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

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3. (a) PRINT FULL NAME Mrs. Emma Ida Bayer
3. (b) If veteran, name war ------
3. (c) Social Security No. ------

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William N.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12, (Day) 1868 (Year)

8. AGE: Years 77 Months 8 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation At Home
11. Industry or business ------

FATHER
12. Name Theodore Schulz
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs. Emma Mayer
(b) Address 3123 Alfred
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JAN 7 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3, year 1946 hour 9: minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 26 1945 to Jan 3 1946 that I last saw h alive on Jan 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Due to Mesenteric Thrombosis
Due to
Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Duration
93

Major findings:
Of operations Negative
Of autopsy Not done

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 J. A. Mayer (M. D. or other) MD
Address 3606 Gravois Date signed 1-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

2278

Dr. S. H. Maizus
3606 Gravois
2-4

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 Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.