

#53797

FILED MAR 18 1946 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 3
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3119 Morganford
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EMMA BAUER

3. (b) If veteran, name war _____

3. (c) Social Security No. No

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

6. (b) Name of husband or wife Louis / 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 30 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Jackson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Bauer

(b) Address 3119 Morganford

17. (a) Burial (b) Date thereof 3/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister

Address 4016 Shippewa

MAR 6 1946

J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1946 hour 5:50 minute P M.

21. I hereby certify that I attended the deceased from 2/5/46 19____ to 3/3/46 19____

that I last saw h. er alive on 3/3/46 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of uterus 3 years

Due to _____

Due to _____

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

Major findings: Of operations _____

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) _____

(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 _____

23. Signature Concepcion E. Molloy MD 1515 Lafayette Date signed _____

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

MOTHER FATHER

2182

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 Henry M. Brammer
Licensed Embalmer No. 4200

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.