

No. 2
4-5-43
5-17-39
1 X36571

FILED MAR 20 1946

Registration District No. **318**

Primary Registration District No. **1003**

State File No.

Registrar's No. **2464**

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:
City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **10 mos., 10 days**
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Mo**
 (b) County..... **000**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2013 So. 39th Street**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3-** day **9-**
 year..... **1946** hour..... **3:** minute **45** A.M.
21. I hereby certify that I attended the deceased from
1043 19..... to **Mar 9** 19 **46**
 that I last saw him alive on **March** **19** 19 **46**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife..... **Aloisia Lind**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **October 26 1882**
(Month) (Day) (Year)

Immediate cause of death.....
Senile psychosis - organic **1945 pl.**
Generalized arteriosclerosis **1945 pl.**

8. AGE: Years Months **73**
63 **4** **22**
 If less than one day
 hr. min.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)
 10. Usual occupation..... **Carpenter**
 11. Industry or business.....
 12. Name..... **Nick Bauer**
 13. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Catherine**
 15. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... **City Infirmary records**
 (b) Address..... **5800 Arsenal Street**
 17. (a) **BURIAL** (b) Date thereof..... **3-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **CALVARY**
 18. (a) Signature of funeral director.....
 (b) Address.....
 19. (a) **MAR 14 1946** (b) **J. P. Braddock**
(Date received local burial) (Registrar's signature)

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..... **Palmer Amicus Bowler** (M. D. or other).....
 Address..... **City Infirmary** Date signed..... **3-11-46**

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

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 Howard P. Rowland

Licensed Embalmer No. 9114

P. O. Address St Louis 8 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.