

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED AUG 9 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Registration District No. 318 Primary Registration District No. 1003

State File No. 25026
6744
Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5537 Partridge Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution None
(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. 5537 Partridge Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Bauer
3. (b) If veteran, name war None 3. (c) Social Security No. _____
4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christian A. Bauer 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased February 14, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31, year 1946 hour 7:10 AM minute _____ M.
21. I hereby certify that I attended the deceased from 10 July 1946 to 31 July 1946
that I last saw him alive on 30 July 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 17 If less than one day hr. _____ min. _____
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business _____
MOTHER FATHER } 12. Name John Moennikes 44
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Schulz
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Christian A. Bauer
(b) Address 5537 Partridge Ave
17. (a) Burial (b) Date thereof 8/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) AUG 1 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of Cervix uteri
Duration Indefinite
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 William Bernier (M. D. or other) M.D.
Address 4487 Westminister Pl. Date signed 1 Aug 1946

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

238877

APR 2 1948

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 *William G. Bushholz*
.....
Licensed Embalmer No.....

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.