

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30870**
Registrar's No. **7**

FILED SEP 18 1947

Registration District No. **779**

Primary Registration District No. **5442**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **"Rural" Richland Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **13 miles S. W. of Hermann**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 years** (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Frank Calvin Bauer**

3. (b) If veteran, --- (c) Social Security No. **491-24-3168**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **Oct 12 1928**
(Month) (Day) (Year)

8. AGE: Years **18** Months **10** Days **5** If less than one day hr. min.

9. Birthplace **Hermann Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Factory worker**

11. Industry or business

MOTHER FATHER { 12. Name **Frank Bauer**
13. Birthplace **Hermann Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Wilson**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Bauer**
(b) Address **Hermann, Missouri**

17. (a) **Burial** (b) Date thereof **8-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. John Stolpe Cem.**

18. (a) Signature of funeral director **Hugos H. Blumer**
(b) Address **Hermann, Missouri**

19. (a) **8/20/47** (b) **Stallmeyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **16 mi. S. W. of Hermann**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17th**
year **1947** hour **4** minute **30** p.M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Drowning**
(Swimming in Gasconade River)
Due to _____

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

Major findings: Of operations **183**
Of autopsy **36**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Accident**
(a) Accident, suicide, or homicide (specify) **37**
(b) Date of occurrence **8-17-47**
(c) Where did injury occur? **near Stolpe, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Gasconade River

While at work? **No** (Specify type of place) (e) Means of injury
23. Signature **Hugos H. Blumer** **Coroner**
Address **Hermann, Mo** **8-19-47**
Date signed

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.....

Hugo H. Blumberg
.....
Licensed Embalmer No. 3160

P. O. Address..... Hermann, 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.