S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32311

Registrar's No. 9041

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

1. PLACE OF DEATH:

(a) County

(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: Jewish Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2510 Semple Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank J. Bauer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Elizabeth Bauer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 13th 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	15	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business St. Louis City Police Dept.

FATHER
12. Name George Bauer 0
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret (unknown)
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Bauer- Wife,
(b) Address 2510 Semple Ave.

17. (a) burial (b) Date thereof 10-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter&Paul Cem.

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,

19. (a) SEP 29 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
year 1947 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Mar 12 1947 to Sept 28 1947
that I last saw him alive on Sept 28 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 day
Due to Carcinoma of epiglottis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Bronchopneumonia Co of epiglottis and tongue	

PHYSICIAN

Underline the cause of 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 0

23. Signature Alfred H. Hetman M.D. (M. D. or other)

Address 4400 N. Taylor Date signed 9-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Alfred Herman Ca. 3946

Staff at Jewish Hospital
4489 West Minister & Taylor.
Re. 5939
Exc. Dr. 6080

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 Robert L. Brinkman

Licensed Embalmer No. 3853

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, facts should be so stated above.