S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39421

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11141

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: 5742 Delor St. 1
(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 000 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL") 0

(d) Street No. 5742 Delor St.
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JULIA C. BAUER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Jacob F.

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

7. Birth date of deceased Dec. (Month) 20 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	14	hr. min.

9. Birthplace Rock Creek (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

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

MOTHER
14. Maiden name Mary Boscha
15. Birthplace (City, town, or county) Europe 8 (State or foreign country)

16. (a) Informant Mrs. G. P. Day
(b) Address 5742 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 5 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1947 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from 1938, 19 to 4 December, 1947;
that I last saw her alive on Dec 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerotic Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 8 yrs.

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 Raymond T. Martin (M. D. or other) MD

Address 5203 Chippewa Raymond T Martin Date signed 4 Dec

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Edwin L. M. Dermott

Licensed Embalmer No. 3024

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.