S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6030

Registration District No. 318 | Primary Registration District No. 100 | Registrar's No. 1338

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: 4117 Lafayette Av.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County none

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

(d) Street No. 4117 Lafayette Av. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry W. Bauer

3. (b) If veteran, name war no.

3. (c) Social Security No. 385-18-8273

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. 18 1891. (Month) (Day) (Year)

8. AGE: Years 56 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country)

10. Usual occupation Sander

11. Industry or business Hermann Body Co.

MOTHER FATHER

12. Name Jacob Bauer

13. Birthplace Germany. (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Bauer

(b) Address 4117 Lafayette Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bro. L. & N. Co.

(b) Address 2929 S. Jefferson Av.

19. (a) FEB 9 1948 (Date received local registrar) (b) J. R. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1948 hour 10 minute 33 A. M.

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

Duration

Immediate cause of death Bronchial Asthma

Due to Pulmonary Congestion

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations

Of autopsy

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) 3

While at work? (e) Means of injury

23. Signature Patrick E. Taylor M.D. Coroner

Address 1300 Clark Date signed 2-9-48.

FEB 13 '48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Harold C. Witt

Licensed Embalmer No. H 353

P. O. Address 2929 S. Jefferson Ave

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.