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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAY 7 1948 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 13846  
3986  
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5618 S. GRAND BLV.  
(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 00

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 5618 S. GRAND BLV.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUSTA BAUER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FE. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife AUGUST J. BAUER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 3 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25  
year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4/25/48 19. to 4-25/48 19. ;  
that I last saw h. dead on arrival alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
68 1 22 hr. 0 min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

12. Name ANDREW PRACK

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

14. Maiden name MINNIE WITTIG

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

16. (a) Informant Max August J. Bauer

(b) Address 5618 S. GRAND BLV.

17. (a) BURIAL (b) Date thereof APRIL 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN

18. (a) Signature of funeral director F. J. Schnur

(b) Address 3125 Lafayette St

19. (a) APR 27 1948 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

Due to Coronary Occlusion (Sudden death)

Due to Arteriosclerosis

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 J. F. Bredenk (M. D. or other) \_\_\_\_\_

Address 406 S. S. Grand Date signed 4/26/48

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

MOTHER FATHER

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**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

*Jose B. Holman*

Licensed Embalmer No. *41614*

P. O. Address *3125 Lafayette 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.**