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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1948
310

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20520
Registrar's No. 105

Registration District No. _____ Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN J. BAUER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Minnie Bauer.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 17, 1874.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 14 hr. min.

9. Birthplace Lincoln County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer.

11. Industry or business _____

MOTHER FATHER

12. Name John Bauer.

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

14. Maiden name Catherine Funke.

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

16. (a) Informant Mr. Elmer Bauer.

(b) Address 5337 Easton Avenue.

17. (a) Burial (b) Date thereof 6-3-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) June 3 1948 Francis Blumstein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Old Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5/30 1948 to 5/31 1948
that I last saw h. in alive on 5/31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic cardiac decompensation 1 yr?
Due to Essential hypertension ?
Essential hypertension ?
juvenile atherosclerosis ?
Other conditions? No
(Include pregnancy within 3 months of death)

Major findings: No Of operations _____
Of autopsy No

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 6-3-1948
(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) _____
(b) Means of injury _____
Signature R. S. Hayden (M. D. or other) DMD
Address St. Charles, Mo. Date signed 5/31/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 1948

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 Clement McQuay
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.