

FILED AUG 23 1948

Registration District No. 318

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: St. Anthony's Hospital
(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)

3. (a) PRINT
FULL NAMEMatilda Bauer3. (b) If veteran,
name war No3. (c) Social Security No.
None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Joseph Bauer6. (c) Age of husband or wife if
alive 66 years7. Birth date of deceased Unknown
(Month) (Day) (Year)1878
(Month) (Day) (Year)

8. AGE:

Years

70

Months

?

Days

?

If less than one day

hr. min.

9. Birthplace

Unknown

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name Ernest Lind

13. Birthplace

Germany

(City, town, or county)

Germany

(State or foreign country)

14. Maiden name Margaret

15. Birthplace

Germany

(City, town, or county)

Germany

(State or foreign country)

16. (a) Informant Joseph Bauer(b) Address 6713 Roberts Avenue17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug. 23-48

(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery18. (a) Signature of funeral director Jos. W. Clark(b) Address 1125 Hodiament Ave.19. (a) AUG 20 1948

(Date received local registrar)

(b) J. F. Bieleck

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6713 Roberts Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 8 minute 15 P.M.21. I hereby certify that I attended the deceased from
7-15-48 to 8/19/48
that I last saw her alive on 8/19/48
and that death occurred on the date and hour stated above.

Immediate cause of death

Ch. Myocarditis

Duration

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____23. Signature W. F. Heimer (M. D. or other)Address 5203 Chippewa Date signed 8/20/48

Dr. Neun, W. F.
5203 Chippewa Ave.
Fl. 6670

9 # 4

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis Mo

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.