No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28451

State File No. .....

FILED SEP 7 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1968

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6401 Curtis Pl.
(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 Missouri (b) County St. Louis 96

(c) City or town Willston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6401 Curtis Pl. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Henry Bauer

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

3. (c) Social Security No. 488-09-5250

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Burke Bauer

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

7. Birth date of deceased February (Month) 9 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	2	..... hr. ..... min.

9. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)

10. Usual occupation .....

11. Industry or business Maloney Electric Co.

FATHER
12. Name Charles Bauer
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucinda Rigdon
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Bauer
(b) Address 6401 Curtis Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) 8-13-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11, year 1948 hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from June 22, 1947 to Aug. 11, 1948 that I last saw him alive on Aug. 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	14 mo.
Due to 93	
Due to	
Other conditions Cholecystitis (Include pregnancy within 3 months of death)	14 mo.

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)

While at work? ..... (e) Means of injury .....

23. Signature Richard K. Kimmel (M. D. or other) M.D.

Address 5146 St. Louis Av. Date signed 8-12-48

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: Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address: Kansas 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.