S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37851
9796

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 No. Sarah Ave. (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 215 N. Sarah (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry G Bauer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Anna Margarte
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 5 (Day) 1857 (Year)
8. AGE: Years 91 Months 3 Days 4 If less than one day hr. min.
9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Geo. H. Bauer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ada Sullivan
(b) Address 215 N Sarah Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/ 11/ 48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Louis H Bopp. Inc.
(b) Address Kirkwood Mo.
19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 48 hour 2 minute 30 p M.
21. I hereby certify that I attended the deceased from 8/15 1947 to 11/9 1948 that I last saw him alive on 11/9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostic pneumonia — Duration 5 days
Due to Senility (age 91)
Due to
Other conditions (Include pregnancy within 3 months of death)
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 L. J. Hugan M.D. (M. D. or other)
Address 2816 Sutton Date signed 11/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2626

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.