

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

State File No.

2443

318

1003

308

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		d. STREET ADDRESS (If rural, give location)	
St. Louis, Missouri				St. Louis		3202 Regal Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION				City Hospital			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
FRANK						(BARRO) Bauer	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
male		white		married		April 12, 1883	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 4 HRS.		9. DATE OF DEATH (Month) (Day) (Year)	
65 yrs		Months		Days		Jan. 10, 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Glass Worker		Birroughs Co.		St. Louis, Missouri		U.S.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Vincent Barro		Dorothy Munett		Maggie (Barro) Bauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS			
No				Mrs. Maggie (Barro) Bauer, 3202 Regal Place			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Redness of lungs + shock follow ing traumatic removal of testes</i>					
ANTECEDENT CAUSES		DUE TO (b) <i>when caught on a pulley belt and shaft while working at the Burroughs Glass Co.</i>				814	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>the Burroughs Glass Co.</i>					
II. OTHER SIGNIFICANT CONDITIONS		10-47 am Jan 7, 1949					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
H.C. Stoltz		9-9-49		accident			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
accident		factory		St. Louis Mo		MO 100	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR?			
1. 7 49 A.M.		[X] AT WORK					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
Patrick C. Taylor, Coroner				1300 Clark		1-11-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
burial		1-14-49		Int. Calvary Cemetery St. Louis, Missouri			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS			
JAN 11 1949		J. B. Lasater		Sullivan Fun. Directors 2849 N. Euclid			

(Licensed Embalmer's Statement on Reverse Side)

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

CORONER CASE

nil

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2443

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 308

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Frank (Barro) Bauer ~~xxxx~~ ^{died} 1-10-1949, 19....., in the State of
Missouri, and which was filed at on....., 19....., should be corrected as follows:

Item No. 3 should read Frank (Barro) Bauer

Instead of..... Frank Barro

Item No. 14 should read Maggie (Barro) Bauer

Instead of..... Maggie Barro

Item No. 17 should read Maggie (Barro) Bauer

Instead of..... Maggie Barro

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maggie Barro-Bauer ^{Inf.}
Relationship.

3203 Regal Pl.
Present Address.

Subscribed and sworn to before me this 8 day of March, 1949

My Commission expires 3-4-49 Earl C. Falber Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

