

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31586

318

1003

Registrar's No. 7852

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) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				h.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac Hospital				d. STREET ADDRESS (If rural, give location) 5015a Oleatha Ave.				i.		
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Casper		c. (Last) BAUER		4. DATE OF DEATH (Month) (Day) (Year) Sep 8 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 19, 1880		9. AGE (In years last birthday) Months Days 69 0 19		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk			10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.			11. BIRTHPLACE (State or foreign country) Boonville, Mo.			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Bauer			13b. MOTHER'S MAIDEN NAME Elizabeth Unknown			14. NAME OF HUSBAND OR WIFE Sophie Bauer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophie Bauer 5015a Oleatha Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Toxemia & cachexia</u> DUE TO (c) <u>Carcinoma of lt. lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 1 month 1 yr.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) 47						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X						
22. I hereby certify that I attended the deceased from <u>10 July</u> , 19 <u>49</u> , to <u>8 Sep</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8 Sep</u> , 19 <u>49</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>John Shinstone, M.D.</i>				(Degree or title)		23b. ADDRESS		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. SEP 10 1949		REGISTRAR'S SIGNATURE <i>H. H. H. H.</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausen 4228 S. Kingshighway Bl.				

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

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 William O. White

Licensed Embalmer No. 4291

P. O. Address 4228 W. Kings Highway

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.