

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34906

State File No. 9187

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 23 - 2631 A. So. 13th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) Bauer c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 10-20-49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (Hwidowed)	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Sikeston, Mo.	
13a. FATHER'S NAME Holland, George			13b. MOTHER'S MAIDEN NAME (Hunt, Anna)		14. NAME OF HUSBAND OR WIFE (Bauer, Charles)

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 OR NAME ELEANOR BARTON	
				ADDRESS 2111 - CHEROKEE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 2.3 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input 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) 95 - MO		
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? HILX		

22. I hereby certify that I attended the deceased from **10-18**, 19**49**, to **10-20**, 19**49**, that I last saw the deceased alive on **10-20**, 19**49**, and that death occurred at **6:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gerard M. ...		23b. ADDRESS Firmin Desloge Hosp		23c. DATE SIGNED 10-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 24 1949		24c. NAME OF CEMETERY OR CREMATORY GALVARY CEM.	
		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			

DATE REC'D BY LOCAL REG. OCT 22 1949		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti	
				ADDRESS 2906 ...	

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 _____

Leo J. Budd

Licensed Embalmer No. *3989*

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.