

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42265  
State File No. 10747  
Registrar's No.

FILED DEC 27 1949

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4326 Itaska St.</b>				d. STREET ADDRESS (If rural, give location) <b>15- 4326 Itaska St.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>			b. (Middle) <b>A.</b>			c. (Last) <b>BAUER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Nov. 25, 1865</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>84 0 17</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman (Retired) Meyer-Schmid Gro. Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Joseph Bauer</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Late Lucretia Bauer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harriet Suche 4326 Itaska St.</b>					
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Essential Nephritis</b>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>3 mo</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo 91</b>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>45 PD</b>						
22. I hereby certify that I attended the deceased from <b>Sept 15, 1949</b> to <b>Dec 12, 1949</b> , that I last saw the deceased alive on <b>Sept 15, 1949</b> , and that death occurred at <b>1:30 AM</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>H. K. Kriegshauser</b>				23b. ADDRESS <b>4326 Itaska St.</b>		23c. DATE SIGNED <b>12/13/49</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 14, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>J. Blasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>					

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

DEC 14 1949

A 114 - Kharova

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.