

300
48

FILED JAN 26 1950

#107340

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2255

State File No.

471

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 <i>Missouri</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>3427^a So. Jefferson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>			

3. NAME OF DECEASED a. (First) <i>IDA</i> b. (Middle) <i>BAUER</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 14th, 1950</i>	
---------------------------------------------------------------------------------	--	--------------------------------------------------------------------	--

5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1 Married</i>	8. DATE OF BIRTH <i>Oct 27, 1907</i>	9. AGE (In years last birthday) <i>42</i>	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
-----------------	---------------------------	-------------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St. Louis</i>	12. CITIZEN OF WHAT COUNTRY?
--------------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------------	------------------------------

13a. FATHER'S NAME <i>Thomas Mocaloy</i>	13b. MOTHER'S MAIDEN NAME <i>Laura Hedges</i>	14. NAME OF HUSBAND OR WIFE <i>Julius Bauer</i>
------------------------------------------	-----------------------------------------------	-------------------------------------------------

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 <i>Julius Bauer</i>	ADDRESS <i>3427^a So. Jefferson</i>
----------------------------------------------------------------------------------------------------------	-------------------------	-------------------------------------------------------	-----------------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Liverna's Cirrhosis</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Alcoholism</i>		
	DUE TO (c)		
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 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) <i>5811</i>
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------

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?
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 1/12/50, 1950, to 1/14/50, 1950, that I last saw the deceased alive on 1/14/50, 1950, and that death occurred at 2:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>Jared Hendin M.D.</i> (Degree or title)	23b. ADDRESS <i>1515 Lafayette Ave.,</i>	23c. DATE SIGNED <i>1/16/50</i>
-----------------------------------------------------------	------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>g</i>	24b. DATE <i>Jan 17, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>
----------------------------------------------------	-------------------------------	-------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <i>JAN 16 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>Southern Funeral Home 6322 S. Grand</i>
---------------------------------------------	------------------------------------------	-----------------------------------------------------	----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.