

No. 300
10. 48

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2256**
Registrar's No. **963**

318

1003

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 MISSOURI b. COUNTY 2239			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2206 GAIN				d. STREET ADDRESS (If rural, give location) 2206 GAIN			
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) M. c. (Last) BAUER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 29 1950				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 11 1888	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 9 Days 18		IF UNDER 4 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BENJAMIN SCHOENWALDER			13b. MOTHER'S MAIDEN NAME HELENA POLKA		14. NAME OF HUSBAND OR WIFE CHARLES M. BAUER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES M. BAUER 2206 GAIN			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spondyl pneumonia ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the lung - carcinoma of the hip bone					INTERVAL BETWEEN ONSET AND 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) 162X			
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?			
22. I hereby certify that I attended the deceased from Oct 20, 1949 , to Jan 29, 1950 , that I last saw the deceased alive on Jan 29, 1950 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE A.L. MERKLIN <i>A.L. Merklin M.D.</i>				23b. ADDRESS 3507 Potoma		23c. DATE SIGNED 1-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 1 1950		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JAN 30 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuti 2906 Gravois			

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

Henry C. Reil

Licensed Embalmer No. *4347*

P. O. Address *2901 Jarvis*

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.