S. No. 300
V. 10-48

FILED MAY 11 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14346

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3838

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis State Hospt

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Johnss Station 4000
d. STREET ADDRESS (If rural, give location): 8724 Crocus Lane

**3. NAME OF DECEASED** (Type or Print)
a. (First): Nicholas
b. (Middle): J
c. (Last): BAUER

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 26, 1950

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced 5
**8. DATE OF BIRTH**: Nov 22 1882
**9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Machinist
**10b. KIND OF BUSINESS OR INDUSTRY**: 494-36-5006
**11. BIRTHPLACE** (State or foreign country): Milwaukee Wisc
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Nicholas J. Bauer
**13b. MOTHER'S MAIDEN NAME**: Ida Alt
**14. NAME OF HUSBAND OR WIFE**: Dont Know

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): • • • • • •
**16. SOCIAL SECURITY NO.**: ?
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Ottilia Brockmeier 8724 Crocus Lan

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UREMIA, SECONDARY TO PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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): 6000
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan. 1948, 19__, *to* Apr. 26, 19 50 *that I last saw the deceased alive on* Apr. 26, 1950, *and that death occurred at* 4:33a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Jack R Eidelman MD
**23b. ADDRESS**: 5400 Arsenal St.
**23c. DATE SIGNED**: 4/26/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 27 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis County Mo.

**DATE REC'D BY LOCAL REG.**: APR 26 1950
**REGISTRAR'S SIGNATURE**: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Jos. W. Clark 1125 Hodiamont Ave

(Licensed Embalmer's Signature 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamon

**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.