

FILED MAY 17 1950

STANDARD CERTIFICATE OF DEATH

17967
State File No. 4198

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4198	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4059a California Ave.,				d. STREET ADDRESS (If rural, give location) 4059a California Ave., 0			
3. NAME OF DECEASED (Type or Print) a. (First) Dorothea		b. (Middle) _____		c. (Last) Bauer		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1950	
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, ✓		8. DATE OF BIRTH August 27, 1860		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 1 week: Hours) (Min.) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME Katherina Schmidt		14. NAME OF HUSBAND OR WIFE Henry Bauer, (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Wildhaber, 4059a California Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dysentery Myocarditis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 week	
	DUE TO (b) Senility					1 year	
	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 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) St. Louis, 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? _____			
22. I hereby certify that I attended the deceased from 4-20, 1950, to 5-8, 1950 , that I last saw the deceased alive on 4-27, 1950 , and that death occurred at 11:00A M. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Fasater M.D. (Degree or title) U.				23b. ADDRESS 5600 S Compton		23c. DATE SIGNED 5/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 0		24b. DATE May 10, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County; Mo.		
DATE REG'D BY LOCAL REG. MAY 9 1950		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Joe S. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.