

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32103

State File No. 2727

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2725</u>						
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>University City</u> c. LENGTH OF STAY (In this place) <u>37</u> OR TOWN <u>University City</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6772 Bartmer Ave.,</u>				2. USUAL RESIDENCE (Where deceased lived. * If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u> d. STREET ADDRESS (If rural, give location) <u>6772 Bartmer Ave.,</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>BAUER.</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1950.</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 12, 1884.</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months _____ DAY _____ IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto repair man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>George Bauer.</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Rinkel</u>			14. NAME OF HUSBAND OR WIFE <u>Alvena Bauer</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvena Bauer, 6772 Bartmer Ave.,</u> ADDRESS _____							
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) <u>Chr. Myocarditis &amp; Myocardial degeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>D.K.</u> <u>D.K.</u> <u>4 1/2</u>				
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) _____		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 <u>July 1949</u> , to <u>Aug 12, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> and that death occurred <u>at 10 A.M.</u> from the causes and on the date stated above.												
23a. SIGNATURE <u>John A. Peterson, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>6693 Delmar</u>				23c. DATE SIGNED <u>9-7-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>9-7-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Romke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark, 1125 Hodiament Ave.,</u>			ADDRESS _____				

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

Dr. John A. Rodgers,  
6693 Delmar Blvd.,  
CA. 2101, 1-5 P.M.

APR 15 1952

APR 16 1952

**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 J. Boedecker  
Licensed Embalmer No. 2563

P. O. Address 1125 Hodiadmont Ave.

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.