

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39354

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2759			
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i>				b. COUNTY <i>St. L.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Plivette</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Plivette</i>		4380			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>9725 Olive St Rd</i>				d. STREET ADDRESS (If rural, give location) <i>9725 Olive St. Rd</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>GEORGE</i>			b. (Middle) <i>E</i>		c. (Last) <i>BAWERI</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11-16-1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>2-19-1889</i>		9. AGE (In years last birthday) <i>61</i>	10. UNDER 1 YEAR Months <i>9</i>	11. UNDER 1 HRS. Days <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Foreman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Plumb Tool Co</i>		11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		
13a. FATHER'S NAME <i>Henry G. Bauer</i>			13b. MOTHER'S MAIDEN NAME <i>Anna Rheinhardt</i>		14. NAME OF HUSBAND OR WIFE <i>Edna</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>493-05-8520</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Edna Bauer</i>				ADDRESS <i>9725 Olive St Rd</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Rectum</i>						INTERVAL BETWEEN ONSET AND DEATH <i>DK</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <i>Metastasis to liver - Stomach and lungs</i>						<i>DK</i>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<i>154X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Rectum & Metastasis</i>						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) (Min)		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 <i>July</i> , 1948, to <i>11/15</i> , 1950, that I last saw the deceased alive on <i>11-15</i> , 1950, and that death occurred at <i>8:30 A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>John A. Rogers M.D.</i>				23b. ADDRESS <i>6693 Delmar</i>			23c. DATE SIGNED <i>11/15/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/18/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>				
DATE REC'D BY LOCAL REG. <i>11/18/50</i>		REGISTRAR'S SIGNATURE <i>Herbert P. Donke Md</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Bopp D.C. Rutwood</i>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

4000

NOV 15 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Felix Howard

Signed.....
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 222

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.