

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41463

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 38

0630

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brinktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0630</u> <u>Brinktown</u>	
c. LENGTH OF STAY (In this place) <u>47 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Miller Loop</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERHARD</u> b. (Middle) <u>SEBASTIAN</u> c. (Last) <u>BAUER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 16, 1903</u>
9. AGE (In years last birthday) <u>47</u>		10. AGE (In years last birthday) <u>4</u> <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Brinktown, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Helmsmeyer</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>43-0297710</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman Bauer</u>		ADDRESS <u>Brinktown Mo</u>	
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>Coronary Occlusion</u> 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. <u>421</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>M. C. Birmingham</u> (Degree or title) <u>Cocoon 3</u>		23b. ADDRESS <u>Sienna Mo</u>	
23c. DATE SIGNED <u>12/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 11, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Guardians Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brinktown Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-18-50</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Strop</u>		ADDRESS <u>Mela Mo</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951  
**RECEIVED**

JAN 6 1958

**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 Herman H. Strop

Licensed Embalmer No. 2924

P. O. Address Metro md

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.