

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10783

1. PLACE OF DEATH
 a. COUNTY 1
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 610 Hamilton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY 2059
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 610 Hamilton Ave.

3. NAME OF DECEASED
 a. (First) AUGUST b. (Middle) C. c. (Last) BAUER

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 17 1950

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
April 25, 1872

9. AGE (In years last birthday) 78
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Owner of A. C. Bauer Oil Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Mascoutah, Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
Anselm Bauer

13b. MOTHER'S MAIDEN NAME
Wilhelmina Dittman

14. NAME OF HUSBAND OR WIFE

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 Charles Bauer **ADDRESS** 610 Hamilton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertension
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
One day
18 mos.

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
4421

22. I hereby certify that I attended the deceased from Sept. 30, 1949, to Dec. 17, 1950, that I last saw the deceased alive on Dec. 10th, 1950, and that death occurred at 10:00 ^Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Soloist, M.D.

23b. ADDRESS
508 North Grand Blvd., St. Louis

23c. DATE SIGNED
12/18/50.

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal (Mtr)

24b. DATE
Dec. 19, 1950

24c. NAME OF CEMETERY OR CREMATORY
Mascoutah Cemetery

24d. LOCATION (City, town, or county) (State)
Mascoutah, Ill.

DATE REC'D BY LOCAL REG. DEC 18 1950 **REGISTRAR'S SIGNATURE** [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] **ADDRESS**
Kriegshauser 4228 S.Kingshighway Bl.

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

1-1-1934
Holland
1-3

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 Richard W. Stoverand

Signed
Student-Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.