

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13764**
3386

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

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 township) OR TOWN ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2279	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 2206 GAINES U	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) M.	c. (Last) BAUER SR	4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 11 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER	10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER BUSCH	11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo U	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOHN BAUER	13b. MOTHER'S MAIDEN NAME ANNA KESSLER	14. NAME OF HUSBAND OR WIFE IRA BAUER (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME EDWARD KORN	ADDRESS 3001 OHIO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage from chronic duodenal ulcer		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		6 minutes
	DUE TO (b) Embolism of pulmonary artery		
	DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis		4 mo.

19a. DATE OF OPERATION 4/2/51	19b. MAJOR FINDINGS OF OPERATION Perforating duodenal ulcer, sub-acute cholecystitis with pancreatitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5401
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22. I hereby certify that I attended the deceased from **1/30**, 19**51**, to **4/8**, 19**51**, that I last saw the deceased alive on **4/8**, 19**51**, and that death occurred at **11:03 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. W. Klippel, M.D.	(Degree or title)	23b. ADDRESS 3701 Grandel Square	23c. DATE SIGNED 4/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 11 1951	24c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 11 1951 J. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ruten 2906 Gravoie	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

101
Je 4430
2 30 4 30 PM
Tuesday

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 _____

Licensed Embalmer No. 4347

P. O. Address 2901 Howard

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.