

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28043**
7760

FILED SEP 13 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2249		
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital				d. STREET ADDRESS (If rural, give location) 3138 Illinois				
3. NAME OF DECEASED (Type or Print) Andrew H. Bauer			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 18, 1882		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR 1 MONTH 12 DAYS		IF UNDER 2 HRS. _____ HOURS _____ MIN.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park keeper			10b. KIND OF BUSINESS OR INDUSTRY St. L. Park Dept.		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Andrew Bauer			13b. MOTHER'S MAIDEN NAME Mary Frank			14. NAME OF HUSBAND OR WIFE Margaret		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 494-36-6591		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Bauer, 3138 Illinois.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 day		
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis						
		ANTECEDENT CAUSES DUE TO (b) General Arteriosclerosis						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION General Arteriosclerosis, Coronary Thrombosis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4201				
22. I hereby certify that I attended the deceased from Feb 15, 1951 , to Aug 30, 1951 , that I last saw the deceased alive on Aug 30, 1951 , and that death occurred at 11 A m., from the causes and on the date stated above.								
23a. SIGNATURE Earl Smith, M.D. (Degree or title)				23b. ADDRESS 3014 L. Jefferson		23c. DATE SIGNED Aug 29 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/51		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE REC'D BY LOCAL REG. SEP 1 1951		REGISTRAR'S SIGNATURE Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons, 2630 Gravois.				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois.

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.