

38681

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9925

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Little Sisters of the Poor 3225 N. Florissant</u> | | d. STREET (If rural, give location) ADDRESS <u>3501 Chippewa St.</u> | |

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|---|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>A.</u> c. (Last) <u>Bauer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/7/51</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 22, 1869</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>August Bauer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>--</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlotte Bauer-3501 Chippewa St.</u> | |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>???</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | |
| | ANTECEDENT CAUSES <u>Senility; Senile Gangrene</u> | | |
| | DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (c) <u>None</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H222</u> | |

22. I hereby certify that I attended the deceased from June 1, 1951 to Nov. 7, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE <u>Edward J. Grotte, M.D.</u> | | 23b. ADDRESS <u>2435 N. Grand Blvd.</u> | | 23c. DATE SIGNED <u>11-7-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/10/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. OFF. <u>NOV 8 1951</u> | | REGISTRAR'S SIGNATURE <u>G. Carl Reith, M.D. R.P.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Heldule 3634 Gravois Ave.</u> | |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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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. *2645*

P. O. Address *St Louis Mo*

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.