No. 300
10.48

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

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10711

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo
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): 4720 VIRGINIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 215 7
d. STREET ADDRESS (If rural, give location): 4720 VIRGINIA

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) BAUER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 24 1906
9. AGE (In years last birthday): 46 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER
10b. KIND OF BUSINESS OR INDUSTRY: SUPERIOR RADIO STORE
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHRIST BAUER
13b. MOTHER'S MAIDEN NAME: ANNA JOHNSON
14. NAME OF ~~HUSBAND~~ OR WIFE: ANN BAUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 489-10-8043
17. INFORMANT'S SIGNATURE OR NAME: ANN BAUER ADDRESS: 4720 VIRGINIA

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MYOCARDIAL-FAILURE

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) CARCINOMA OF LUNG

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

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? 163X

22. *I hereby certify that I attended the deceased from* Nov 1, 1952, *to* Nov 19, 1952, *that I last saw the deceased alive on* Nov 19, 1952, *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Jackson (Degree or title) D.O.
23b. ADDRESS: 3546 A Gravois
23c. DATE SIGNED: Nov 21

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Nov. 24 1952
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: NOV 21 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis ADDRESS: 2906 Gravois

S.P. (Licensed Embalmer's Statement on Reverse Side)

[illegible] Oregon
Lo 2777
3546 [illegible]
930 - 1 00 PM

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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

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.