

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10817</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>712 a Wilmington</b>				d. STREET ADDRESS (If rural, give location) <b>712 A Wilmington</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Edward</b>		b. (Middle) <b>Leo</b>		c. (Last) <b>Bauer</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 24 1904</b>		9. AGE (In years last birthday) <b>48</b>		10. MONTHS <b>4</b>		11. HOURS <b>7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>August Bauer</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Ettwein</b>		14. NAME OF HUSBAND OR WIFE <b>Leona</b>			
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. <b>494-09-1770</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leona Bauer 712a Wilmington</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>6 mo.</b>	
19a. DATE OF OPERATION <b>June 5<sup>2</sup></b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable Carcinoma of Lung.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>163X</b>			
22. I hereby certify that I attended the deceased from <b>June 1, 1952</b> , to <b>Nov 22, 1952</b> , that I last saw the deceased alive on <b>Nov 20, 1952</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John J. Kennedy M.D.</b>				23b. ADDRESS <b>16 Hampton Village Plaza</b>		23c. DATE SIGNED <b>11/24/52</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <b>Removal</b>		24b. DATE <b>Nov. 25 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE RECD BY LOCAL REG. <b>NOV 25 1952</b>		REGISTRAR'S SIGNATURE <b>Joel Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. P. Fendler Jr. 7128 Michigan</b>			

(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 M. W. Ruster

Licensed Embalmer No. 4865

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.