

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11213

State File No. \_\_\_\_\_

FILED APR 4 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 3242

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3242		
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) St. Louis,		c. LENGTH OF STAY (in this place) 1 Mo. 7 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery				d. STREET ADDRESS (If rural, give location) 15 3531 Bingham				
3. NAME OF DECEASED a. (First) Pluma		b. (Middle) Mae		c. (Last) Bauer		4. DATE OF DEATH (Month) (Day) (Year) March 24, - 53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 7, 1887		9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Ala.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Anderson		13b. MOTHER'S MAIDEN NAME Minnie Bynum		14. NAME OF HUSBAND OR WIFE Robert H. Bauer.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-26-5563		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Loesekam-3941 Reaves Bks. Rd. Lema, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease. ANTECEDENT CAUSES DUE TO (b) Cerebral vascular damage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Residual hemiparesis 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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 352X				
22. I hereby certify that I attended the deceased from Feb. 17, 1953, to March 24, 1953 that I last saw the deceased alive on March 24, 1953 and that death occurred at 1:40 P.M. from the causes and on the date stated above.								
23a. SIGNATURE Palma Duane Bowditch M.D.				23b. ADDRESS 5800 Arsenal Street.		23c. DATE SIGNED 3-25-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/27/53		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. APR 2 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderte 3634 Gravois				

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 \_\_\_\_\_

*Frank J. Hancock*

Licensed Embalmer No. 2675

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.