

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32867**  
Registrar's No. **8142**

FILED SEP 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1313 Shenandoah Ave 2239</b>	
3. NAME OF DECEASED a. (First) <b>George</b> b. (Middle) c. (Last) <b>Bauer</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>August 20, 1953</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>May 16, 1891</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpet Layer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lammert Furn Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Pete Bauer</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Rohlfing</b>		14. NAME OF HUSBAND OR WIFE <b>Otilda Puff Bauer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otilda Bauer 1313 Shenandoah</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A PLASTIC ANEMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		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) <b>292.4</b>	
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?	
22. I hereby certify that I attended the deceased from <b>Dec 1949</b> , to <b>Aug 20, 1953</b> , that I last saw the deceased alive on <b>Aug 20, 1953</b> , and that death occurred at <b>12:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>George A. Dawson MD</b> (Degree or title)		23b. ADDRESS <b>5203 Chippewa</b>	
23c. DATE SIGNED <b>8/20/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros 2201 S. Grand Blvd</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 21 1953 J. Earl Smith M.D.</b>		5.02 (Licensed Embalmer's Statement on Reverse Side)	

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

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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.....  
Signature of Student Embalmer

Signed..... *J. Allen Davis*.....  
Licensed Embalmer No. *4953*

P. O. Address *St. L.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.