

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17074

FILED MAY 25 1954

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 4391

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4391	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>Madison</u> ,			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u> ,		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> ,		d. STREET ADDRESS (If rural, give location) <u>304 West Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u> ,				d. STREET ADDRESS (If rural, give location) <u>304 West Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reverend John</u> , b. (Middle) <u>J.</u> , c. (Last) <u>Bauer</u> ,			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1954</u> .				
5. SEX <u>Male</u> ,		6. COLOR OR RACE <u>White</u> ,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> ,		8. DATE OF BIRTH <u>February 5, 1898</u>	
9. AGE (In years last birthday) <u>56</u> <u>8</u> Months <u>8</u> Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Priest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Bauer</u> ,		13b. MOTHER'S MAIDEN NAME <u>Margaret Heigle</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Margaret M. Goltschman</u> , ADDRESS <u>Minnesota Ave 4450a</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as suffocation, asphyxia, asphyxia, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus, following injuries suffered in accident on May 13, 1954 in collision between car operated by deceased and car operated by Mrs. Masters, near Pottsville, Cape Girardeau County</u> II. OTHER SIGNIFICANT CONDITIONS <u>could not be determined. "Open Verdict"</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Verdict</u>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <u>01</u> (STATE) _____		21c. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30P</u> a. m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Gabriel Taylor Carouel</u>		22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>5/17/54</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> ,		23b. DATE <u>5/18/54</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery, St. Louis, Mo.</u>		23d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>MAY 17 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u> ADDRESS _____			

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

JUN 22 1957

JUN 22 1957

JUN 22 1957

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 _____ ID9

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.