

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13094**
Registrar's No. **3448**

BIRTH NO. _____ 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 **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4933 Robert Ave.**

STREET ADDRESS (If rural, give location) **4933 Robert Ave.**

3. NAME OF DECEASED
a. (First) **Clarence** b. (Middle) **E** c. (Last) **Bauer Sr.**

4. DATE OF DEATH (Month) (Day) (Year)
Apr. 16, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 12, 1907**

9. AGE (In years, last birthday) **48** 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) **SW Freight Bureau**

10b. KIND OF BUSINESS OR INDUSTRY **Railroad**

11. BIRTHPLACE (City and State or Foreign Country) **St Louis Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Bauer**

13b. MOTHER'S MAIDEN NAME **Drosda**

14. NAME OF HUSBAND OR WIFE **Mary A 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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary A Bauer 4933 Robert**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Anterior myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **10 min**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. 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 NO

21a. ACCIDENT SUICIDE HOMEKID (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **11/26, 1954**, to **4/16, 1955**, that I last saw the deceased alive on **4/16, 1955**, and that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Walter J. Smith** (Degree or title) _____

23b. ADDRESS **4617 W. Ashlin Ave**

23c. DATE SIGNED **4/16/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **4/19/55**

24c. NAME OF CEMETERY OR CREMATORY **N St Marcus Cemetery**

24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REG. **APR 18 1955**

REGISTRAR'S SIGNATURE **Walter J. Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J L Ziegenhein & Sons 7027 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 486

P. O. Address 7027 B

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.