

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27438

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7104**

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 ST. LOUIS MO TOWN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp.		STREET ADDRESS (If rural, give location) 14 5667 POTOMAC 2149					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHANNA		b. (Middle) -			
		c. (Last) BAUERLE		4. DATE OF DEATH (Month) (Day) (Year) AUG. 11 1955			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH Nov. 21 1865		9. AGE (in years last birthday) 89		IF UNDER 1 YEAR: Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) GERMANY			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME			
14. NAME OF HUSBAND OR WIFE FRED BAUERLE (DEC'D)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME MOLLIE THIEL		ADDRESS 5667 POTOMAC					
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) Myocardial Infarction ANTECEDENT CAUSES: Smility Arterio-sclerosis DUE TO (b) Gr. athero of rt. femoral 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 2 yrs 3 wks	
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) Fall		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis, MO MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 25 55 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in getting out of a chair			
22. I hereby certify that I attended the deceased from 7/25 1955 , to 8/5 1955 , that I last saw the deceased alive on 8/5 1955 , and that death occurred at 3 PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Shragubad M.D.		23b. ADDRESS 4717 Morganford		23c. DATE SIGNED 8/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 15 1955		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S			
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ruter		ADDRESS 2906 Beavin			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

S.P. (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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address St. Louis

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.