

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34561**
8740

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 22910	
e. STREET ADDRESS 24 2816 McNair Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) GUSTAV (GUS)	a. (First)	b. (Middle)	c. (Last) BAUER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 5, 1955.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 20, 1888	9. AGE (In years last birthday) Months Days 67 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES BAUER.	13b. MOTHER'S MAIDEN NAME KATY KAYSING.	14. NAME OF HUSBAND OR WIFE GERTRUDE BAUER
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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. 499-01-6710	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Bauer, 2816 McNair Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningioma of the Brain		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 223X
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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?
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22. I hereby certify that I attended the deceased from **9-21**, 19**55**, to **10-5**, 19**55**, that I last saw the deceased alive on **10-5**, 19**55**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James W. Hurley MD	(Degree or title)	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 10-5-55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE October, 8, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	24d. LOCATION (City, town, or county) (State) /St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. OCT 7 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WITT BROS. L. & U. CO. 2929 S. Jefferson Ave
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(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 *D. M. Davis*.....

Licensed Embalmer No. *374*

P. O. Address *2929 So. Jeff*

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.