

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14451

State File No.

318

1003

Registrar's No. 3474

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3474			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>182 days</u>		c. CITY OR TOWN <u>St. Louis</u> <u>4870</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fernand-DeLoze Hospital, St. Louis</u>				e. STREET ADDRESS (If rural, give location) <u>320 East Riffe Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Honora</u>			b. (Middle) _____		c. (Last) <u>Bauer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1956</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED// WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>April 20, 1905</u>	9. AGE (in years last birthday) <u>50</u>	IF UNDER 1 YEAR MONTHS <u>11</u> DAYS <u>15</u>	IF UNDER 24 HRS. HOURS _____ MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Brinktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Bauer</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Helchmeyer</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Melita S.S.M.D. 320 E. Riffe, St. Louis</u> ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Intrahepatic Bile ducts.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				DUE TO (b) _____				DUE TO (c) _____	
19a. DATE OF OPERATION <u>Jan 24, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Intrahepatic bile ducts.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>1</u>		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 <u>Jan 23, 1956</u> , to <u>April 5, 1956</u> , that I last saw the deceased alive on <u>Apr 5, 1956</u> , and that death occurred at <u>6:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leo J. Mulligan, M.D.</u>				23b. ADDRESS <u>634 N. Grand.</u>		23c. DATE SIGNED <u>Apr 6, 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mathewson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis CO Missouri</u>			
DATE REC'D BY LOCAL REG. <u>APR 6 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. COUNTY DIRECTOR'S SIGNATURE <u>Thomas Kuttig</u> ADDRESS <u>2906 Grand</u>					

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 *Samuel E. Hill*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906 K*.....

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.