

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

31880

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7965**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b> Length of stay in lb <b>1 week</b>		d. STREET ADDRESS (If outside, give location) <b>1534 McLARAN AVE.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>H.</b> Last <b>BAUER</b>			4. DATE OF DEATH <b>AUGUST 26, 1956.</b> Month <b>AUGUST</b> Day <b>26</b> Year <b>1956.</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 13, 1891.</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>	11. BIRTHPLACE (City and state or country) <b>St. LOUIS, MO.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Mfg.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>FRED BAUER</b>		14. MOTHER'S MAIDEN NAME <b>SADIE HAJN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WORLD WAR #1.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS ERNA M. BAUER, 1534 McLARAN AVE.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>One hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Operation 8-21-56, right herniorrhaphy</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1940</b> to <b>8-26-56</b> and last saw her/him alive on <b>8-26-56</b> Death occurred at <b>1:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. Klein M.D.</b> (Degree or title)		22b. ADDRESS <b>5074 N. Union</b>	22c. DATE SIGNED <b>8-27-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>8/29/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>
24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ FUNERAL HOME, INC.</b> <b>4828 NATURAL BRIDGE BLVD. ST. LOUIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 29 1956</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>

VS JUL 31 1959

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 *John A. Meniar*

Licensed Embalmer No... *410*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.