

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8779			
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. LENGTH OF STAY (in this place) 1 yr.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				STREET ADDRESS (If rural, give location) 3901 Jamieson				Apt. "D"	
3. NAME OF DECEASED (Type or Print) a. (First) HELEN		b. (Middle) _____		c. (Last) BAUR		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 23, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 20, 1882		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Fort Wayne, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Goers			13b. MOTHER'S MAIDEN NAME Anna Bauer			14. NAME OF HUSBAND OR WIFE the Rev. John C. Baur, Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 420-03-5573B		17. INFORMANT'S SIGNATURE OR NAME Rev. John C. Baur, Sr., 3901 Jamieson				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Generalized Arteriosclerosis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Cerebral sclerosis 420.0						INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
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 JAN , 1956, to Sept 22, 1956 , that I last saw the deceased alive on Sept 22, 1956 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles B. Obermeyer M.D.				23b. ADDRESS 3103 Arsenal Street			23c. DATE SIGNED 9/24/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) Fort Wayne		(State) Indiana	
DATE REC'D BY LOCAL REG. SFP 24 1956		REGISTRAR'S SIGNATURE Earl Smith md			25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FU.HOME, INC., 1936 St. Louis Ave.				

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 J. Krupin

Licensed Embalmer No. 349

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.