

Health,
Welfare
Public
Service

300
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other causes of death must be certified as such. If any other cause of death is listed, ALL other causes of death must be certified as such. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

39218

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9558

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony's Hos.</u> Length of stay in lb _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Fenton</u> <u>40001</u> d. STREET ADDRESS <u>Rt. 2, Box 523</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>VINCENT</u> Middle <u>A.</u> Last <u>BAYER</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>18,</u> Year <u>1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH <u>May 19, 1915</u>		9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Internal Revenue</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>							
13. FATHER'S NAME <u>Frank T. Bayer</u>			14. MOTHER'S MAIDEN NAME <u>Anna Rohlmann</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. War #2</u>		16. SOCIAL SECURITY NO. <u>494-07-7342</u>		17. INFORMANT Address <u>Virginia Bayer, Fenton, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Right heart failure</u> (b) <u>Organized pleuritis with mediastinal shift</u> (c) <u>Chronic empyema</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>3 mos.</u> <u>9 mos.</u>		
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.) <u>518x</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <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 <u>March 1956</u> to <u>Oct. 18, 1956</u> and last saw her/him alive on <u>10-16-56</u> Death occurred at <u>2:15</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James L. Mudd, M. D.</u>			22b. ADDRESS <u>634 N. Grand Blvd.</u>		22c. DATE SIGNED <u>10-18-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-22-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser-4228 S. Kingshighway Bl.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 19, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> <u>mfb.</u>			

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 *Richard H. Stovess*.....

Licensed Embalmer No..... 4

P. O. Address.....

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