

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18430

STATE FILE NUMBER

318

1003

Registrar's No. 4373

Registration District No. _____ Primary Registration District No. _____

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, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 439 Fassen St.			Length of stay in 1b		d. STREET ADDRESS 439 Fassen St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Herman Bauwens				First Herman Middle Bauwens Last		4. DATE OF DEATH May 5 1957		Month May Day 5 Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 11-1899		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Bauwens				14. MOTHER'S MAIDEN NAME Mary Wolf					
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.		17. INFORMANT Anna Bauwens 439 Fassen St.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Hemiplegia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis Arterio Sclerosis 4 yrs.								INTERVAL BETWEEN ONSET AND DEATH 1 day 3 yrs. 3 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420-1						
20c. TIME OF INJURY Hour Month, Day, Year None									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Oct 22-1953 to May 5 1957 and last saw her alive on May 1-1957 Death occurred at 9:15 am on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Jno Doubek (Degree or title)				22b. ADDRESS 2767 Gravois				22c. DATE SIGNED 5-7-57	
23a. BURIAL/CREMATION BENEFIT (Specify)		23b. DATE 5/9/57		23c. NAME OF CEMETERY OR CREMATORY SS Peter and Paul		23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.				25. DATE RECD. BY LOCAL REG. MAY 7 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.			

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 *Harry J. Schumaker*
Licensed Embalmer No. *Y6*

P. O. Address *5611 S. K.*

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.