

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH.

State File No. **29196**
Registrar's No. **7554**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 1313 Shenandoah		e. STREET ADDRESS (If rural, give location) 237 1313 Shenandoah	

3. NAME OF DECEASED (Type or Print) Elizabeth Bauer			4. DATE OF DEATH 8-13-57		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 27, 1888		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY Kept House		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Leopold Kirchhoefer		13b. MOTHER'S MAIDEN NAME --- Schwenk		14. NAME OF HUSBAND OR WIFE Herman Bauer	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Husband Herman Bauer 1313 Shenandoah	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Thrombosis of coronary arteries Arteriosclerosis of coronary circulation & Hypertension		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis of coronary circulation and Hypertension			
		DUE TO (c) General Systemic Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. Systemic arteriosclerosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		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) m.		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'y 15, 1957**, to **Aug. 12, 1957**, that I last saw the deceased alive on **8-12, 1957**, and that death occurred at **6-30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. F. Simon		(Degree or title) M.D., 1115 Victor St., St. Louis		23b. ADDRESS Feb. 11 - 0078	
23c. DATE SIGNED 8-13-57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-57		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
		24d. LOCATION (City, town, or county) St. Louis County		(State)	

DATE REC'D BY LOCAL REG. AUG. 13 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.,	
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E. P. (Licensed Embalmer's Statement on Reverse Side)

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

St. N. J. Simon
1115 Victor St

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 *Harvey Stahl*

Licensed Embalmer No. *4596*

P. O. Address *1520 Graham
Floussant mo.*

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.