

FILED DEC 9-1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41725

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9960

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wellston 4301		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 St. John's Hosp			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 27 6343 Isabella Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> XX						
3. NAME OF DECEASED (Type or print) First Henry Middle L Last Bauer				4. DATE OF DEATH Month 10 Day 22 Year 57									
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 3-19-1889		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor				10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Bauer				14. MOTHER'S MAIDEN NAME Anna Baska									
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 Address Mary Bauer 6343 Isabella Ave.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pneumonia Art. Scl. Heart Disease Cerebral Art. Scl. 420.0 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(a) Encephalomalacia										INTERVAL BETWEEN ONSET AND DEATH			
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 Month, Day, Year 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 4/21/53 to 10/22/57 and last saw him alive on 10/21/57 Death occurred at 2:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert J. Farrell M.D. Patricia A. Taylor Coroner					22b. ADDRESS 1300 Clark					22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 10-25-57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
24. FUNERAL DIRECTOR J. W. Clark F. H. 1125 Hodiament					25. DATE RECD. BY LOCAL REG. OCT 24 57			26. REGISTRAR'S SIGNATURE Earl Smith Mo m 83					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare  
S. Public  
S. Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Parent OK

*Dr. Royal J. Jance*

*1-30-41*

*624 Thompson*

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 *Alfred J. Prodek* .....  
Licensed Embalmer No. *2616*

P. O. Address *11257 7th*

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.