

Health,
& Welfare
Public
Service

S. 300
Y. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45592

STATE FILE NUMBER

FILED DEC 20 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 11264

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>			Length of stay in 1b	d. STREET ADDRESS <i>2237 Mc Nair</i>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Emilie Bauer</i>			First	Middle	Last	4. DATE OF DEATH Month <i>Nov.</i> Day <i>22</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Aug. 27, 1863</i>	9. AGE (In years last birthday) <i>94</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ST. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Julius Gruendler</i>				14. MOTHER'S MAIDEN NAME <i>Margaret Kieding</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Richard Gruendler 2237 Mc Nair</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Left Hip</i> <i>Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT <input checked="" 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) <i>Suffered in fall at home on</i>				
20c. TIME OF INJURY Hour <i>7</i> a. m. <i>11</i> p. m. <i>20 57</i> Month <i>November</i> Day <i>30</i> Year <i>1957</i>			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, etc.) <i>Home</i>		20f. CITY, TOWN OR LOCATION <i>St. Louis Mo</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>300A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <i>James M Kelly Deputy</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>11-25-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 25, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New ST. Marcus Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. Louis, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Witt Bros. L. & U. G. 2925 S. Jefferson</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 25 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>m. 2/18</i>	

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1958

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 *Harold C. Witt*

Licensed Embalmer No. 435

P. O. Address 2929 S. Jff

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.