

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041262

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10865

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>1</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 2902A LOUISIANA</i>		Length of stay in 1b <i>2/69</i>	d. STREET ADDRESS <i>2902A LOUISIANA</i>
3. NAME OF DECEASED (Type or print) First <i>AMANDA</i> Middle Last <i>BAUER</i>		4. DATE OF DEATH <i>Nov. 10, 1958</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>JAN 5, 1883</i>
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	9. AGE (In years at birth) <i>75</i>
11. BIRTHPLACE (City and state or country) <i>St Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>ALBERT BIEHL</i>		13b. MOTHER'S MAIDEN NAME <i>HENRIETTA IMMER</i>	
14. NAME OF HUSBAND OR WIFE <i>_____</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <i>NO</i> unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>MARGARET ZIMMERMAN 2902A LOUISIANA</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>apoplexy</i> <i>APPOPLEXY</i> <i>Hypertension</i> DUE TO (b) <i>HYPERTENSION</i> DUE TO (c) <i>334x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>334x</i>
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 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 <i>Oct. 31 1958</i> to <i>Nov. 10, 1958</i> and last saw her alive on <i>Nov. 10, 1958</i> Death occurred at <i>3:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. D. Parham</i> (Degree or title) <i>D.C.</i>		22b. ADDRESS <i>3215a Natural Bridge</i>	
22c. DATE SIGNED <i>11/11/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>11/13/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>N. ST. MARCUS CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN &amp; SONS</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 12 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *A. P. Kidwell* .....

Licensed Embalmer No. *3877*  
P. O. Address *7027 Gravel*

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.