

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045404
State File No.

FILED JAN 12 1958

BIRTH NO. 94306-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12161

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|--|--|---|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>TOWNSHIP ST. LOUIS 18</u> | | a. STATE <u>MISSOURI</u> | b. COUNTY <u>St. Louis</u> |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN AFFTON 23</u> <u>4800</u> / | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>22 ST. ANTHONY'S HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>27 8715 ivy</u> | |

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|--|-------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) <u>MARY</u> | b. (Middle) | c. (Last) <u>BAUER</u> | (Month) (Day) (Year) <u>12 - 17 - 58</u> |
| 5. SEX <u>GIRL</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEW BORN</u> | 8. DATE OF BIRTH <u>12-17-1958</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>15</u> |
| 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>GEORGE MICHAEL BAUER</u> | | 13b. MOTHER'S MAIDEN NAME <u>NORMA CHARLENE KEISAY</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NORMA C. BAUER, Affton, Mo.</u> | |

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|---|--|---|--|---|--|
| 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. | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | <u>Anoxia caused by compression of cord @</u> | | | |
| ANTECEDENT CAUSES | | DUE TO (b) | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | <u>e Breech delivery -</u> | | | |
| | | DUE TO (c) | | | |
| | | <u>Ruptured membranes + premature labor at 32 wks. gestation.</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>761.5</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 12:01 am 12/17, 1958, to 12:16 am 12/17, 1958, that I last saw the deceased alive on 12/17/58, 1958, and that death occurred at 12:16 a.m., from the causes and on the date stated above.

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|--|--|--------------------------------|--|---|--|--|--|
| 23a. SIGNATURE <u>W. J. Smith</u> | | (Degree or title) | | 23b. ADDRESS <u>3804 Wilmington, St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>12-16-1958</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-17-1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>DEC 17 '58</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u> | |
|---|--|--|--|--|--|

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

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

Student Embalmer

Signed

Thomas G. Cline

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.

Not Embalmed