

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-010694
STATE FILE NUMBER
2703

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57
14
193
0

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|---|--|--|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis, | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 4118 Rosa Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle M. Last Bauer, | | | 4. DATE OF DEATH Month March Day 16, Year 1959 | | |
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|--------------------------|-----------------------------------|---|---|---|--|--|
| 5. SEX Female. | 6. COLOR OR RACE White. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October 14, 1889 | 9. AGE (In years as of birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | 10b. KIND OF BUSINESS OR INDUSTRY Briell-Rodgers | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Frederick Bauer, | 13b. MOTHER'S MAIDEN NAME Margaret Heisele, | 14. NAME OF HUSBAND OR WIFE ----- |
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| 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. | 17. INFORMANT Theresa Bauer, 4118 Rosa Ave., Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uraemia | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| DUE TO (b) acute nephritis | | |
| DUE TO (c) 590x | | |
| 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? 1 YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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| 21. I attended the deceased from Death occurred at 8:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | and last saw her alive on mar 16 - 59 |
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| 22a. SIGNATURE John M. Freund M.D. (Degree or title) | 22b. ADDRESS 1703 S. Grand | 22c. DATE SIGNED 3/17/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial, | 23b. DATE 3/19/59 | 23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo. | 25. DATE RECD. BY LOCAL REG. MAR 17 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>m. g. c.</i> |
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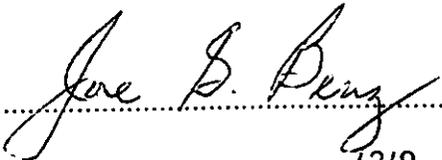
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address... St. Louis, 18, 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.