

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-031930**

**FILED VS SEP 21 1959**

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 19

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven</b>		Length of stay in 1b <b>47 Days</b>		c. CITY OR TOWN <b>Jennings Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2067 Ranchdale Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Christian</b> Middle <b>A.</b> Last <b>Bauer</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>17,</b> Year <b>1959</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-4-1867</b>		9. AGE (last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>13</b> Days <b>25</b> Hours <b>35</b> Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Worker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Industry</b>		11. BIRTHPLACE (City and state or country) <b>Belleville Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>John Bauer</b>				13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>				14. NAME OF HUSBAND OR WIFE <b>Widowed</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Jennings Mo. Mrs. Fred Densky 2067 Ranchdale</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Senility</b>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
DUE TO (b) <b>General Arteriosclerosis</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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <b>6:00</b> a.m. <b>A.</b> p.m.		Month, Day, Year <b>Sept. 8, 1959</b>		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 <b>New Haven, Missouri</b>		COUNTY		STATE							
21. I attended the deceased from <b>Sept. 8, 1959</b> to <b>Sept. 17, 1959</b> and last saw her <b>Sept. 16, 1959</b> alive on <b>Sept. 16, 1959</b> Death occurred at <b>6:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>G. Wittfeld D.O.</b>				22b. ADDRESS <b>New Haven, Missouri</b>				22c. DATE SIGNED <b>9/17/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-21-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>		(State)					
24. FUNERAL DIRECTOR <b>BOCHHOFT 2 FUN HOMES</b>				ST. LOUIS ADDRESS <b>ST. LOUIS MO</b>		25. DATE REG. BY LOCAL REG. <b>9/17/1959</b>		26. REGISTRAR'S SIGNATURE <b>Hester Murphy</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl C. Dickey

Licensed Embalmer No. 13375

P. O. Address New Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.