

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

6378

=61-026568

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOS'P		d. STREET ADDRESS (if outside, give location) 5316 Pershing	

3. NAME OF DECEASED (Type or print) <i>Flora S. Bauman</i>			4. DATE OF DEATH Month 7 Day 9 Year 1961		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</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>2/14/75</i>	9. AGE (last birthday) <i>86</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Milwaukee, Wisconsin</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Carl B. Strass</i>		13b. MOTHER'S MAIDEN NAME <i>Rosa Cohn</i>	
14. NAME OF HUSBAND OR WIFE <i>Sidney Bauman (Deceased)</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <i>Carl S. Bauman 7244 Stanford</i>	

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) <i>Fracture neck right femur</i>			<i>33 days</i>
DUE TO (b) <i>Surgery with excision of head of right femur and insertion of hip prosthesis</i>			<i>32 days</i>
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerotic heart disease</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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>Fell at residence 5316 Pershing av., St. Louis</i>
20c. TIME OF INJURY Hour a.m. p.m. <i>6 6 61</i>	904.0-21	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street/office bldg., etc.) <i>about home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis City, Missouri</i>
21. I attended the deceased from <i>6/6/61</i> to <i>7/9/61</i> and last saw her alive on <i>7/9/61</i> Death occurred at <i>542 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>William Lenobel MD</i>	22b. ADDRESS <i>100 N. Euclid, St. Louis Mo</i>	22c. DATE SIGNED <i>7/10/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>cremation</i>	23b. DATE <i>7/11/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla</i>
23d. LOCATION (City, town, or county) <i>St. Charles Rock Rd</i>	24. FUNERAL DIRECTOR <i>MAYER</i>	24. ADDRESS <i>4356 Lindell Blvd</i>
25. DATE RECD. BY LOCAL REG. <i>JUL 10 1961</i>	26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>	

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Elmer R. Sadwell

Licensed Embalmer No. 4077

P. O. Address St Louis

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.