

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040939

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3050

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED NOV 5 1962**
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b MINS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Webster Groves Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1431 Crossbrook Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last
HERMAN G BAUER
 4. **DATE OF DEATH** Month Day Year
October 21 1962

5. **SEX** male 6. **COLOR OR RACE** white 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 12/10/1907 9. **AGE** (last birthday) 55
IF UNDER 1 YEAR **IF UNDER 24 HR**
 Months Days Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) salesman 10b. **KIND OF BUSINESS OR INDUSTRY** automobiles 11. **BIRTHPLACE** (City and state or country) St. Louis, Mo. 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Herman G Bauer 13b. **MOTHER'S MAIDEN NAME** Katherine Jacob 14. **NAME OF HUSBAND OR WIFE** Margaret

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** Margaret Bauer Address 1431 Crossbrook

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) Cerebro-vascular accident **INTERVAL BETWEEN ONSET AND DEATH** Five minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Arteriosclerotic heart disease. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. **WAS AUTOPSY PERFORMED?** YES NO 20a. **ACCIDENT SUICIDE HOMICIDE** 20b. **DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
 20c. **TIME OF INJURY** Hour _____ Month, Day, Year _____ a.m. p.m.

20d. **INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** 20e. **PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. **CITY, TOWN, OR LOCATION** Kirkwood **COUNTY** Mo. **STATE** _____

21. I attended the deceased from Feb. 1, 1961 to Oct. 21, 1962 and last saw him alive on Sept. 8, 1962
 Death occurred at 8:21 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) S. E. Smith M.D. 22b. **ADDRESS** 325 N. Kirkwood Rd. Kirkwood 22, Mo. 22c. **DATE SIGNED** 10-22-62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) burial 23b. **DATE** 10/24/1962 23c. **NAME OF CEMETERY OR CREMATORY** Sunset Burial Park 23d. **LOCATION** (City, town, or county) (State) St. Louis County, Mo.

24. **FUNERAL DIRECTOR** John L Ziegenhein & Sons **ADDRESS** 7027 Gravois 25. **DATE RECD. BY LOCAL REG.** 10-22-62 26. **REGISTRAR'S SIGNATURE** John B. Murphy M.D.

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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.