

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8179  
Do not use this space.

APR 12 1939

1. PLACE OF DEATH  
(a) County V Registration District No. 791  
(b) Township V Primary Registration District No. 1003  
(c) City St. Louis Mo (d) Street No. Frank Lloyd Registered No. 1944  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME 600 A. H. BAUER, (Anthony Howard Bauer)  
(a) Residence, No. NR St. Oklahoma City, Okla.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ansborough  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 63  
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. Rail Clerk  
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. Railroad  
11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 2/17/39 1939, to 3/1/39 1939. I last saw him alive on 3/1/39 1939. Death is said to have occurred on the date stated above, at 9:50 AM. The principal cause of death and related causes of importance were as follows:  
Nephritis, chronic  
Myocarditis, chronic  
hypertension  
HTAOS to HTA, non-malignant  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ansborough

13. NAME Ansborough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME Ide Metz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. C. Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Oklahoma City DATE Mar 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur C. Garrison  
4700 Washington Blvd

20. FILED MAR 1 1939 J. W. Bledsoe Local Registrar.

Other contributory causes of importance: \_\_\_\_\_  
Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Arthur C. Garrison  
(Address) 7960 Federal

**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 .....

Registered Apprentice, No. ...., working under my personal supervision.

Signed

*J. G. Sullivan*

Licensed Embalmer No. 1122

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, above space should be left blank.**