

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

13466
Do not use this space.

1003

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. 3808
(c) City St. Louis. or (d) Street No. 4021 Schiller Pl. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

1000 Infant Bauer
(a) Residence, No. 4021 Schiller Pl. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 Months 22 Days

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still Born
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Oliver Bauer

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Dolores Gildehaus

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Oliver Bauer (ADDRESS) 4021 Schiller Pl.

18. BURIAL, CREMATION, OR REMOVAL Board PLACE Funerary Home DATE April 24, 1939

19. FUNERAL DIRECTOR (NAME) Walter Beckler (ADDRESS) 350 S. Rutledge St.

20. FILED APR 24 1939 J.F. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____, at _____ P.M. Death is said to have occurred on the date stated above, at _____ P.M. The principal cause of death and related causes of importance were as follows:

Still Born
(Cause Unknown)
Date of onset

Other contributor causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy.....

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?
If so, specify.....
(Signed) Walter Beckler, M.D.
(Address) 350 S. Rutledge St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2/10/01

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.

NO EMBALMING

Signed.....

Licensed Embalmer No.....

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.