

Registration District No. 701

Primary Registration District No. _____

Registrar's No.

1. PLACE OF DEATH: 1008
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Bettie Bauer
8. (b) If veteran, name war _____ 8. (c) Social Security No. 600
492-01-9934

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 28, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator
Western Union

11. Industry or business _____
12. Name Gustave Bauer
18. Birthplace St. Louis Mo.
14. Maiden name Christine Bauer
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Bauer
(b) Address 4928 Loughborough
17. (a) Cremation (b) Date thereof Dec. 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director John S. Ziegenhein + Son
(b) Address 7027 Grand
19. (a) DEC 4 1939 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4928 Loughborough
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1939 hour 6 minutes _____ P. M.
21. I hereby certify that I attended the deceased from Sept
1938 to Dec 1939
that I last saw him alive on Dec. 4 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Primary carcinoma of left breast with generalized metastases.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Same as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature J. B. Bauer (M. D. or other)
Address 6027 Grand Date signed 12/4/39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

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.....

E. P. Kudwee

Licensed Embalmer No. *3877*

P. O. Address *6937^a Illinois*

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.