

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4450 Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME 600
Margaret Bauer

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Bauer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 5 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business h

12. Name John Heisele

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Eva Schultz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Bauer

(b) Address 4450 Minnesota Ave.

17. (a) Burial (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) FEB 20 1940 (b) J. H. Boeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4450 Minnesota Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1940 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from February 12th, 1940, to Feb 18th, 1940
that I last saw her alive on Feb 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis Duration ?

Due to _____

Due to _____

Other conditions Chronic Bronchitis Pulmonary Emphysema
(Include pregnancy within 3 months of death)

Major findings: Of operations ?

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature William Baron (M. D. or other) _____

Address 3601 S. Jefferson Date signed 2-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Nancy Allwood*.....

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette St.

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.