

No. 2
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17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8715
State File No. _____
2125
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1517 S. 3rd St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years
years, months or days

3. (a) PRINT FULL NAME Martha Grant Bauer

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Bauer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 7, 1872
(Month) (Day) (Year)

8. AGE: Years 68 / Months 6 / Days 30 / If less than one day hr. _____ min. _____

9. Birthplace Simpson / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown / Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Nettie Huth

(b) Address 9835 Linn St. Louis Co. Mo.

17. (a) Burial (b) Date thereof 3/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Wacker-Heldner

(b) Address 2331 S. Broadway

19. (a) MAR 6 1941 (b) J. W. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1517 S. 3rd St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
year 1941 hour 11 minute 55 a.m.

21. I hereby certify that I attended the deceased from Jan 15th
1941 to March 6th, 1941;
that I last saw her alive on March 5th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations AK

Of autopsy 1

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? _____

(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Clyde E. Kane (M.D. or other) M.D.
Address 4625 Newberry Date signed 3/6/41

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

MOTHER FATHER

5/15/2013

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis mo

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, fact should be so stated above.