

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **SPS. LOUIS MO**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4169a Connecticut Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Mo.** (b) County **12**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **167**

(d) Street No. **4169a Connecticut Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Christian Bauer**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30th**  
year **1941** hour **1:45** minute **P.M.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex **Male** **0** 5. Color or race **White**

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

6. (b) Name of husband or wife **Lena Bauer**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 3rd 1855**  
(Month) (Day) (Year)

that I last saw him alive on **July 30**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac asthma & Pulmonary congestion** **10 days**

Due to **Mitral Regurgitation** **1 year**

Due to **Infirmities of Old Age**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **86** Months **4** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

Major findings: **none**

Of operations **none**

Of autopsy **none**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired Grocer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown Bauer**

13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? \_\_\_\_\_

16. (a) Informant **Lena Bauer**

(b) Address **4169a Connecticut Ave.**

17. (a) **Burial** (b) Date thereof **8-2-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

23. Signature **Walter Eidmann** **md** **0**  
(M. D. or other)

Address **3146 Morganford** Date signed **7-31-41**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **Jul 31 1941** (b) **J. T. Baedek**  
(Date received by registrar) (Registrar's signature)

Mr Edmund  
Margouffard  
9-10 AM - 1:20 - 7-8 PM  
No. 3757

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 Edmund M. Margouffard  
Licensed Embalmer No. 3024

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, fact should be so stated above.