

0.2  
-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

Filed Oct 18 1941

# STANDARD CERTIFICATE OF DEATH

State File No. 30242  
Registrar's No. 7581

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:  
3906a Palm 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 \_\_\_\_\_  
years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3906a Palm St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Augusta M. Bauer.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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. August 12 1876.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 1 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

12. Name F. W. Bauer.

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

14. Maiden name Caroline Schwartz.

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

16. (a) Informant Ella Bauer.

(b) Address 3906a Palm St.

17. (a) Burial. (b) Date thereof 9-22-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 19 1941 (b) J. R. Bredsch  
(Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1941. hour 2 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Aug. 8th 1939 to Sept. 18 1941  
that I last saw her alive on Sept. 18th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Lympho-Sarcoma of lungs. Duration 4 Mo.

Due to Lympho-Sarcoma of Cervical glands, right side 2 Yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(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) (Means of injury)

23. Signature Edwin J. Orsholt (M. D. or other) M.D.

Address 3635 No. Newstead Date signed 9/19/41

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

MOTHER FATHER

**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... *Homer L. Ponder* .....

Licensed Embalmer No. *3367* .....

P. O. Address *2223 St. Louis* .....

**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.**