

1941 OCT 18 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

30504
7843

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Alton Near 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1207 Callahan Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A? 2 years.

3. (a) PRINT FULL NAME William Henry Bauer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Emily 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug. 19 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business _____

12. Name John Bauer

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

14. Maiden name Louise Pilgrim

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

16. (a) Informant John A. Hoehn

(b) Address Alton, Ill.

17. (a) Removal (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 30 1941 (b) J. J. Bruch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1941 hour 3 10 minute P.M.

21. I hereby certify that I attended the deceased from September 23, 1941, to September 28, 1941,
that I last saw him alive on September 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of pancreas

Due to _____
Due to _____

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

Major findings: Carcinoma of head of pancreas
Of operations _____
Of autopsy _____

Duration _____
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 C. E. Lisch (M. D.)
Address BARNES HOSPITAL Date signed 9/29/41

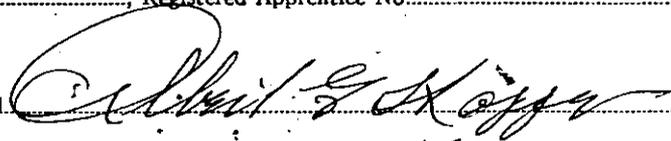
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... 

Licensed Embalmer No. 2971

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.