

FILED JAN 20 1942
784

Registration District No. _____

Primary Registration District No. 200

76
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. John's Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8724 Caroline /
(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 _____
(c) City or town St. John's Station
(If outside city or town limits, write "RURAL")
(d) Street No. 8724 Caroline
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Bauer

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

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

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

7. Birth date of deceased July 24, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 13 _____ hr. _____ min.

9. Birthplace SOUKVILLE Wisconsin /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework Nil

11. Industry or business _____

12. Name Louis Alt

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

14. Maiden name Caroline Mohr

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

16. (a) Informant Ottilia Brockmeier
(b) Address 8724 Caroline

17. (a) Burial (b) Date thereof 1/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JAN 9 - 1942 (b) [Signature]
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1942 hour 4.30 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1941
1941 to Jan 7 1942
that I last saw her alive on Jan 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4
Duration _____

Due to _____
Due to _____

Other conditions Senility
(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 Arnold H. Warner (M. D. or other) MD
Address 8920 St Charles Rd Date signed 1/10/42

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..... *Harry Eynck*.....

Licensed Embalmer No..... *1284*.....

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.