

43  
44

Registration District No. 110 FEB 24 1942

Primary Registration District No. \_\_\_\_\_

00  
17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Park Lane 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 \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Bauer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen G. Bauer 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Feb. 17, 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chester Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman

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

MOTHER FATHER { 12. Name Frank Bauer  
13. Birthplace Chester Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Harmon  
15. Birthplace Chester Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Bauer.

(b) Address 4930a Portis

17. (a) Burial (b) Date thereof Jan. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) IAN 2 (b) J. F. Pradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3130a Portis Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2  
year 42 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-2-42, 19\_\_\_\_, to 1-2-42, 19\_\_\_\_;  
that I last saw him alive on 1-2-42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Due to carcinoma of descending colon.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H/O  
Of autopsy \_\_\_\_\_

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 J. F. Pradeck or other M.D.  
Address 4930 Lindell St. Louis, Mo. Date signed 1-2-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 18 1959

---

---

**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.....

*Philip M. Lewis*

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

**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.**