

FILED JUN 19 1943

818

Registrar's No.

5497

Registration District No.

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: ST. ANTHONY HOSP.
(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 MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 532 W. DAVIS ST
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME

INFANT BAUER

3. (b) If veteran, name war. NO

3. (c) Social Security No. NO

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 _____ years

7. Birth date of deceased. JUNE 13 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2
If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name RAYMOND BAUER

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

14. Maiden name DOROTHY WEBER

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Bauer

(b) Address 532 W. Davis St.

17. (a) BURIAL (b) Date thereof JUNE 16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST TRINITY CEM

18. (a) Signature of funeral director John G. ...

(b) Address 7125 Michigan

19. (a) JUN 16 1943 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 11:30 minute AM

21. I hereby certify that I attended the deceased from June 13
1943 to June 15 1943

that I last saw alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
15 wks premature

Duration

Due to _____

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) (e) Means of injury _____

23. Signature Tracy ... (M. D. or other)

Address 7702 ... Date signed 6/15/43

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

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.

Not Embalmed

Signed *Joseph P. Dindler J*

Licensed Embalmer No. *925*

P. O. Address *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.