

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8442

1. PLACE OF DEATH:

(a) County ST. LOUIS MISSOURI

(b) City or town ST. LOUIS MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 17

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3424 Indiana Av.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANNIE BAUER

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

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1944 hour 9 minute 15 A. M.

4. Sex Female 5. Color or race White

6. (a) 2 Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Andy Bauer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 25th  
1944 to October 2, 1944;  
that I last saw her alive on Oct. 2, 1944;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>30</u>	_____ hr. _____ min.

Immediate cause of death  
Endocarditis, myocarditis

Duration Long  
duration

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

Due to Cancer of bladder - urinary tract

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Wm. Kerchner

(b) Address 3543 S. Main

17. (a) Burial (b) Date thereof 10-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEW'S

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): NO

(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? \_\_\_\_\_

18. (a) Signature of funeral director Witt Bruno

(b) Address 2929 S. Jefferson

19. (a) OCT 4 1944  
(Data received local registrar)

(b) J. F. Bracke  
(Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

Signature Witt Bruno (M. D. or other) \_\_\_\_\_

Address 2278 S. Jefferson Date signed 10-2-44

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

*Howard P. Rawland*

Licensed Embalmer No. *3114*

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.**