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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18009

State File No. 0 1

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1065

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Pond, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maple Ave. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Pond, (If outside city or town limits, write "RURAL")

(d) Street No. Maple Ave. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Bauer,

3. (b) If veteran, name war none

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 Lillie Engelke

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 20, (Day) 1869 (Year)

8. AGE: Years 76 Months 10 Days 26 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer, (retired)

11. Industry or business Own farm,

FATHER
12. Name Henry Bauer
13. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Magdalena Koebel,
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Lillie Bauer,

(b) Address Glencoe, Mo. R 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 5-17-46 (Date received local registrar) (b) E. D. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from ~~Apr~~ 12 / 1946 to May 15, 1946 that I last saw him alive on May 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry F. Scott (M. D. or other) M.D.

Address Ballwin Mo Date signed May 16 46

(Licensed Embalmer's Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.