

S. No. 2
OM-8-43
v. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33233**

FILED NOV 14 1946

Registration District No. **119**

Primary Registration District No. **4193**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Gasconade

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade

(c) City or town Herrmann, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE BAUER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1946 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from April 10
1946 to April 10, 1946
that I last saw her alive on October 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phillip Bauer 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov. 17, 1868
(Month) (Day) (Year)

Immediate cause of death Robert pneumonia

8. AGE: Years 77 Months 10 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions Carcinoma of breast - right
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 50

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Jaques

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

14. Maiden name Anna Hoyt

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

16. (a) Informant Phillip Bauer
(b) Address Herrmann, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrmann, Mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director [Signature]
(b) Address Herrmann, Mo.

19. (a) 10/15/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature John Bryan (M. D. or other) _____
Address Herrmann, Mo. Date signed 10/15/46

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-13-46

JUL 10 1958

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed H. P. Ludwig

Licensed Embalmer No. 2044

P. O. Address Herrmann, 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.