No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2246
606

Registration District No. 318 Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH:
(a) County
(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: 4160 Osceola,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 45 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4160 Osceola,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Bauer,
3. (b) If veteran, name war No
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 Amelia
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 18, 1897 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 23 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Chef
11. Industry or business
FATHER 12. Name unknown
13. Birthplace do (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name do
15. Birthplace do (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ameila Bauer,
(b) Address 4160 Osceola,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa,
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18 year 1948 hour 5 minute A M.
21. I hereby certify that I attended the deceased from Jan. 18, 1948 to Jan. 18, 1948 that I last saw him alive on Jan. 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to Chronic Myocarditis	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? Means of injury
23. Signature Joseph A. Mueller (M. D. or other) M. D.
Address 4964 Lo. Grand Date signed 1-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

S-3247

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.