S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6029
Registrar's No. 1612

Registration District No. 318 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: 505 a Dover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 505 a Dover 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George E. Bauer Sr.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary a Bauer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 16 (Day) 1860 (Year)
8. AGE: Years 87 Months 1 Days 28 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Nicholas Bauer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Barbara Hirth
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant George E. Bauer Jr.
(b) Address 505 a Dover
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 14 year 1948 hour 8 minute 30 p. M.
21. I hereby certify that I attended the deceased from June 3, 19 48, to Feb 14, 19 48, that I last saw h alive on Feb 14, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: Chr. Myocarditis	10 yrs
Due to: Arteriosclerosis	?
Senility	
Other conditions (Include pregnancy within 3 months of death): 92	

Major findings:
Of operations: None
Of autopsy: None

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? (e) Means of injury
23. Signature Max Sterkoff (M. D. or other) MD
Address 5 12 Dorville Date signed 2/16/48

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

Dr. Starkloff

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 Harry J. Schiemacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.