

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17059

318

1003

State File No.

4630

BIRTH NO. 30213-49 REG. DIST. NO. 318 SPERMATIZING DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		b. COUNTY <u>Mo</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		d. STREET ADDRESS <u>N.R.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby</u>	b. (Middle) <u>Girl</u>	c. (Last) <u>Bauer</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>5-22-49</u>

5. SEX <u>Female</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>5-21-49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
				<u>5</u>	<u>-</u>	<u>-</u>	<u>9</u>	<u>9</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Shirley Mae Bauer</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Shirley Mae Bauer, R-2-Box 3, Wentzville, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis, bilateral, congenital</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs 7 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (34 w/ gestation)</u>		
	DUE TO (c) <u>Premature Rupture of membranes followed by premature labor</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)
		<u>Wentzville, Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7622</u>
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22. I hereby certify that I attended the deceased from 5/21, 1949, to 5/22, 1949, that I last saw the deceased alive on 5/22, 1949, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Matthew Beidle md.</u> (Degree or title)	23b. ADDRESS <u>1325 South Grand</u>	23c. DATE SIGNED <u>5/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAY 26 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Casator</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. ...</u> ADDRESS <u>Wentzville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

