

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20753
State File No. 5257

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5033 Ray Ave		d. STREET ADDRESS (If rural, give location) 5033 Ray	

3. NAME OF DECEASED (Type or Print)	a. (First) Anthony	b. (Middle) G.	c. (Last) Bauer Sr.	4. DATE OF DEATH (Month) (Day) (Year) June 16 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 18	IF UNDER 1 HRS. Hours 	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Gregory Bauer	13b. MOTHER'S MAIDEN NAME Bertha Upk	14. NAME OF HUSBAND OR WIFE Antoinette Bauer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nome	17. INFORMANT'S SIGNATURE OR NAME James F. Bauer	ADDRESS 5033 Ray
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis		5 years 5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 920
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart
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22. I hereby certify that I attended the deceased from **June 2, 1949** to **June 16, 1949**, that I last saw the deceased alive on **June 16, 1949** and that death occurred at **5:30 P.M.** on the date stated above.

23a. SIGNATURE White Bardenheier	(Degree or title) MD	23b. ADDRESS 3903 Olive St St. Louis Mo	23c. DATE SIGNED 6/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis? Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 17 1949	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Phil Bordenheim
3903 Olive
2 to 4

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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

David Van Fossan

Licensed Embalmer No. _____

P. O. Address _____

6322 So Grand

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.