

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1950

State File No. 5979  
Registrar's No. 1309

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 5979		Registrar's No. 1309											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>216<sup>th</sup> N</b>															
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3706 MICHIGAN</b>				d. STREET ADDRESS (If rural, give location) <b>16-3706 MICHIGAN</b>															
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>W.</b> c. (Last) <b>BAUER</b>			4. DATE OF DEATH <b>FEB. 8 1950</b>			5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 11 1876</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PAINTER</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <b>IOWA</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>WILLIAM BAUER</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>ANNIE BAUER</b>											
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 <b>ANNIE BAUER</b> ADDRESS <b>3706 MICHIGAN</b>											
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) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>							
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 type="checkbox"/>							
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) <b>Mo</b>													
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? <b>H-2-22</b>													
22. I hereby certify that I attended the deceased from <b>2-8</b> , 19 <b>47</b> , to <b>2-8</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-8</b> , 19 <b>50</b> , and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.																			
23a. SIGNATURE <b>John J. Fisher</b> M.D. (Degree or title)				23b. ADDRESS <b>2840 E. Cal. from</b>				23c. DATE SIGNED <b>2-9-50</b>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 11 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>											
DATE REC'D BY LOCAL <b>FEB 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ruteis</b> ADDRESS <b>2906 Marvick</b>													

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

SEP 1 1963

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Les J. Budd

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.