

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22283
Registrar's No. 1304

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY OR TOWN NORMANDY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Sullivan NursingHome		d. STREET ADDRESS (If rural, give location) 7502 Virginia Ave.,	
3. NAME OF DECEASED (Type or Print) Mary M. Bauer a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jul. 13, 1875
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME J.W. Williams		13b. MOTHER'S MAIDEN NAME Sarah Jenkins	14. NAME OF HUSBAND OR WIFE Charles G. Bauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no non		16. SOCIAL SECURITY NO. non	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles G. Bauer 7502 Virginia
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Hypertension + Senescent Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ 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 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from Dec. 1949 , to May 1950 , that I last saw the deceased alive on May 19, 1950 , and that death occurred at 6 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. C. N. Salens D.O.		23b. ADDRESS 7220 Missouri Rd	
23c. DATE SIGNED 5/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-50	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5-22-50		REGISTRAR'S SIGNATURE Herbert R. Donke	
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

Dr C. N. Salerno
7320 Flouissant
Box 7999

2 to 4 P.M.

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 Embalmer No.

Signed

David Van Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. 4262

P. O. Address 6320 So Mead

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.