

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29038

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3062</u>		Registrar's No. <u>2864</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>		c. LENGTH OF STAY (In this place) <u>51</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>		<u>4511</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8902 Pendleton Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>8902 Pendleton Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>FRED</u>		a. (First)		b. (Middle)		c. (Last) <u>BAUER</u>	
4. DATE OF DEATH <u>Aug. 6, 1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 5, 1898</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 1 YEAR Days <u>1</u>		IF UNDER 1 YEAR Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welsch Furnace</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Mauer</u>		14. NAME OF HUSBAND OR WIFE <u>Adeline Bauer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-10-2756</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adeline Bauer, Brentwood Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive - Cardio - Renal - Vascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (m.)		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 <u>June 1, 1948</u> , to <u>Aug 6, 1951</u> , that I last saw the deceased alive on <u>Aug 6, 1951</u> , and that death occurred at <u>2 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael Dulick M.D.</u>				23b. ADDRESS <u>9012 Manchester Rd</u>		23c. DATE SIGNED <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-8-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>		ADDRESS <u>Kirkwood, Mo.</u>	

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

1001

OCT 30 1961

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 Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address Hickwood 23 m

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.