

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38682

State File No. \_\_\_\_\_

FILED NOV 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9440

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	
c. LENGTH OF STAY (in this place) <u>15 hrs</u>		4457	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (Rural, give location) <u>7531 Forsyth Blvd.</u>	
3. NAME OF DECEASED a. (First) <u>Louise</u>		c. (Last) <u>Bauer</u>	
b. (Middle) <u>C</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept. 25-1885</u>
9. AGE (In years) (last birthday) <u>66</u>		IF UNDER 1 YEAR (Months) (Days) <u>0 19</u>	IF UNDER 1 HR. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Otto Heil</u>	
13b. MOTHER'S MAIDEN NAME <u>Maria</u>		14. NAME OF HUSBAND OR WIFE <u>Otto Bauer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Otto Bauer</u>		ADDRESS <u>7531 Forsyth Blvd.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs?</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.	
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) _____	
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? <u>2nd X</u>		22. I hereby certify that I attended the deceased from <u>Oct 13</u> , 19 <u>51</u> , to <u>Oct 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>51</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Thomas A. Thomas MD</u> (Degree or title)		23b. ADDRESS <u>16 Hampton Lane, Clayton</u>	
23c. DATE SIGNED <u>10/15/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Oct. 16</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elm Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boffin</u> ADDRESS <u>Kirkwood Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	

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

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 Hurand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 22 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.