

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 FILED JUL 25 1952
 BIRTH NO. 47148 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1975

1. PLACE OF DEATH a. COUNTY St. Louis 4005		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atwater Ter. St. Ferdinand T S	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 10163 Cloverdale Dr. 5	
3. NAME OF DECEASED (Type or Print) a. (First) MARY ELIZABETH b. (Middle) BAUER c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 22, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 21, 1952
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Richmond Heights Mo. d
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clement Bauer	
13b. MOTHER'S MAIDEN NAME Eugenia Blount		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Clement Bauer		ADDRESS 10163 Cloverdale Dr.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>calculation</i> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Broncho pneumonia</i>		MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 7620 DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
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 July 21, 1952, to July 22, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph Prost...</i> (Degree or title)		23b. ADDRESS 4952 Mansfield	
23c. DATE SIGNED 7/23/52			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE July 24, 52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 7-23-52		REGISTRAR'S SIGNATURE <i>Robert R. Donke</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullen Kelly</i>		ADDRESS 7267 Nat'l. Bridge	

(Licensed Embalmer's Statement on Reverse Side)

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

Shre Jones
27 Council Bluffs Ave
Joseph Castellor
495.2 Maryland
till 2 PM

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

James A. Lemmers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.