

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19165

State File No.

4774

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4126 Flora</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carl</u>	b. (Middle) <u>Frederick</u>	c. (Last) <u>Bauer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1953</u>
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>Jan. 19, 1868</u>	9. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ludwig Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Eloise 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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. L. Bauer</u>		ADDRESS <u>2755 Pershing St. Louis, Mo.</u>		18. CAUSE OF DEATH	
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) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting, the underlying cause last.		DUE TO (b) <u>Coronary Decompensation</u>			
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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u> <u>332X</u>	
22. I hereby certify that I attended the deceased from <u>May 3, 1953</u> , to <u>May 10, 1953</u> , that I last saw the deceased alive on <u>May 10, 1953</u> and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph A. Penfak M.D.</u>		23b. ADDRESS <u>1755 S. Grand</u>		23c. DATE SIGNED <u>6-11-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>MAY 11 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons</u>		ADDRESS <u>7233 DELMAR St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Arnold W. Schoene

Licensed Embalmer No. *3864*

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.