

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29767

State File No. ....

7049

FILED AUG 20 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ No. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6 5889 Maffitt Ave.</u>			
3. NAME OF DECEASED a. (First) <u>Jambert</u>			b. (Middle) _____			c. (Last) <u>Bauer</u>	
4. DATE OF DEATH <u>July 17 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>Oct. 1, 1899</u>		9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool &amp; Die maker</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>McQuay Norris</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Bauer</u>	
13b. MOTHER'S MAIDEN NAME <u>Rose Mennemeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy 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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Bauer</u>		17. ADDRESS <u>5889 Maffitt Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>			
ANTECEDENT CAUSES Morbidity 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 <u>7/16/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Brain Tumor - Malignant Rt Temp Lobe</u>				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) <u>193X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
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>7/11, 1953</u> , to <u>7/16, 1953</u> , that I last saw the deceased alive on <u>7/16, 1953</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmund A. ...</u>				23b. ADDRESS <u>Beaumont ...</u>		23c. DATE SIGNED <u>7/17/53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 17 1953</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F. Home</u>		ADDRESS <u>9222 Lackland</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Al C Ostmann*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

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.