

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43986**

FILED JAN 4 1954

BIRTH NO. 91249 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 29

0923

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann	
c. LENGTH OF STAY (In this place) 1 Hr.		d. STREET ADDRESS (If rural, give location) 10649 St. Philip Lane	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant	b. (Middle)	c. (Last) Bauer	4. DATE OF DEATH (Month) (Day) (Year) 12) 31) 53
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input type="radio"/> WIDOWED, <input type="radio"/> DIVORCED, <input type="radio"/> SEPARATED	8. DATE OF BIRTH Dec 31 1953	9. AGE (In years last birthday) Months Days 1	IF UNDER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work depending upon type of death. If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Charles Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Bauer	13b. MOTHER'S MAIDEN NAME Lois Barrell	14. NAME OF HUSBAND OR WIFE #####
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Bauer 10649 St. Philip La.
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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		19. MEDICAL BETWEEN ONSET AND DEATH ST. ANNS MEDICAL 1 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL Pulmonary Atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MULTIPLE Congenital Defects DUE TO (c) ABSENCE OF Diaphragm, Intestines located		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in Chest Cavity Heart displaced			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 7592
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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?
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22. I hereby certify that I attended the deceased from 10/30/53 1953, to 12/30/53 1953, that I last saw the deceased alive on 12/30 1953, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul G. Vatterott MD	23b. ADDRESS 10325 St. Charles Road	23c. DATE SIGNED 12/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 31 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. Dec 31 1953	REGISTRAR'S SIGNATURE Frankie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collins Funeral Home 10123 St. Charles
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(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS MISSOURI

90 5 21 1934

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 *No Embalming*
Student Embalmer

Student Embalmer No. _____

Signed *Sheldon Collins*

Licensed Embalmer No. *3382*

P. O. Address *1012 3 St. Ches. 10*

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.