

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1368

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis, Mo. c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital. 2. USUAL RESIDENCE a. STATE Illinois b. COUNTY Madison c. CITY OR TOWN Alton d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? e. STREET ADDRESS 818 E. 5th St. 3. NAME OF DECEASED a. (First) George b. (Middle) E. c. (Last) Bauer 4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954. 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Feb. 22, 1905 9. AGE (In years last birthday) 48 10a. USUAL OCCUPATION Steward 10b. KIND OF BUSINESS OR INDUSTRY Elks Lodge 11. BIRTHPLACE Alton, Illinois 12. CITIZENSHIP OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME Henry Bauer 13b. MOTHER'S MAIDEN NAME Ella Houston 14. NAME OF HUSBAND OR WIFE Faye Bauer, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes W. W. 2 16. SOCIAL SECURITY NO. 327-07-7360 17. INFORMANT'S SIGNATURE OR NAME Faye Bauer, Alton, Illinois, ADDRESS 18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency 2. ANTECEDENT CAUSES Arteriosclerotic Heart Disease. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NET WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Jan 19 1954 to Feb 10 1954 that I last saw the deceased alive on Jan 9 1954 and that death occurred at 4:20 PM from the causes and on the date stated above. 23a. SIGNATURE John B. Meyers MD 23b. ADDRESS 401 Humboldt 23c. DATE SIGNED 2-17-54 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-11-54 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 24d. LOCATION (City, Town, or County) (State) Godfrey, Illinois. 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington.

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. W. M. Binkley*.....

Licensed Embalmer No. *365*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.