

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24249

State File No.

6157

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 **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **25 yrs.**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **6258 Reber Place**

e. STREET ADDRESS (If rural, give location) **6258 Reber Place** **2039**

3. NAME OF DECEASED (Type or Print)
a. (First) **Anna** b. (Middle) _____ c. (Last) **Bauer**

4. DATE OF DEATH (Month) (Day) (Year)
July 5, 1954

5. SEX **f**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 13, 1891**

9. AGE (In years last birthday) **63**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY **OWN home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Lorenz Ehrler**

13b. MOTHER'S MAIDEN NAME **Anna Beerhalter**

14. NAME OF HUSBAND OR WIFE **George E. Bauer**

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 E. Bauer, 6258 Reber Place**

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) **Coronary Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH **2 yrs**
ANTECEDENT CAUSES
Morbid 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. **none**

19a. DATE OF OPERATION **None**

19b. MAJOR FINDINGS OF OPERATION **None**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **none**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **none** **4201**

22. I hereby certify that I attended the deceased from **8/1/1953** to **7/5/1954**, that I last saw the deceased alive on **5/24, 1954**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John D. Hanks - MD** (Degree or title)

23b. ADDRESS **#2 N. Euclid St. St. Louis, Mo**

23c. DATE SIGNED **7/6/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **July 8, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JUL 7 1954**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Hoffmeister Colonial Mortuary, Chippewa.**

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

Dr. J.D. Lakes,
Euclid & Laclede
Forest 7-6550

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 *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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.