

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2309
0952
Registrar's No.

BIRTH MO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital			
e. STREET ADDRESS (If rural, give location)		2187 4245 McRee Ave.	

3. NAME OF DECEASED (Type or Print) PAULINE		a. (First) b. (Middle) M. c. (Last) BAUER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH Oct. 8, 1883		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Days 11. IF UNDER 1 HRS. Hours 12. IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Operator-Caradine Hat Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Bauer		13b. MOTHER'S MAIDEN NAME Emma Wendt	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 498-03-1992	
17. INFORMANT'S SIGNATURE OR NAME Fred L. Bauer		17. ADDRESS 4245 McRee Ave.			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> Esophagus DUE TO (b) <u>Pulsion Diverticulum of</u> DUE TO (c) <u>Malnutrition - due to (b)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>2 years</u> <u>6 months</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from August, 1954, to January, 1955, that I last saw the deceased alive on 31 January 1955, and that death occurred at 4:25 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Archibald M. Chern M.D.</u>		23b. ADDRESS <u>16 Hampton Village</u>		23c. DATE SIGNED <u>1 Feb 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		25. ADDRESS <u>4228 S. Kingshighway Bl.</u>	

DATE REC'D BY LOCAL REG. FEB 1 1955		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	
				ADDRESS <u>4228 S. Kingshighway Bl.</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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ediva M. G. Hermit*.....

Licensed Embalmer No. *302*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.