

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39213**
10306
Registrar's No.

FILED NOV 30 1956

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 St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 723 Reed Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) NMI c. (Last) Bauer			4. DATE OF DEATH (Month) (Day) (Year) November 10, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Nov. 1, 1885		
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hour _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christ Bauer			13b. MOTHER'S MAIDEN NAME Sophie Manner			14. NAME OF HUSBAND OR WIFE Anna		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophie Doerr 723 Reed Avenue Lemay, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic malignancy..... ANTECEDENT CAUSES DUE TO (b) Metastases to Pelvic bones..... DUE TO (c) Carcinoma of Prostate..... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177x						
19a. DATE OF OPERATION 7/22/52 &		19b. MAJOR FINDINGS OF OPERATION 8/5/52 (Carcinoma of Prostate) Prostatectomy Orchidectomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?				
22. I hereby certify that I attended the deceased from July 6, 1952 , to Nov. 10, 1956 , that I last saw the deceased alive on Nov. 9, 1956 , and that death occurred at 3:49A. m. , from the causes and on the date stated above.								
23a. SIGNATURE A. M. Peters			(Degree or title) M.D.			23b. ADDRESS 4145 a S. Grand Blvd.		
23c. DATE SIGNED 11/10/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		
24d. LOCATION (City, town, or county) (State) Affton, Missouri		DATE REC'D BY LOCAL REG. NOV 13 1956		REGISTRAR'S SIGNATURE J. Carl Smith md. H. J. B.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis, Mo.		

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 *Bill C. Hanson*

Licensed Embalmer No. *476*

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.