

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

37151

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9601**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Festus		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Length of stay in lb		d. STREET ADDRESS 330 N. 7th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First Fred		Middle L.		Last Bauman	
4. DATE OF DEATH		Month Oct		Day 12		Year 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct., 7, 1883		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		
11. BIRTHPLACE (City and state or country) Ste. Genevieve Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Anton Bauman		14. MOTHER'S MAIDEN NAME Julia Harter		
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. 489-03-4063		17. INFORMANT Mrs. Theresa Bauman, 330 N. 5th St.		Address Festus, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Carcinomatosis</u> <u>Ca of Bladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ca of Bladder</u> DUE TO (c) <u>181X</u>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jan. 1955		20e. CITY, TOWN, OR LOCATION OCT. 5, 1957		COUNTY STATE		
21. I attended the deceased from <u>Jan 55</u> to <u>Oct 1957</u> and last saw her alive on <u>10/3/57</u> Death occurred at <u>11:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Leo Bartels</u> (Degree or title) M.D.		22b. ADDRESS 205 Frisco Bldg 205 Frisco Bldg		22c. DATE SIGNED 10/13/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-16-57		23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) Festus, Mo.		
24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 15 57		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

FEB 5 1958

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 *H. W. [Signature]*

Licensed Embalmer No. *301*

P. O. Address *Festus*

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.