Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007620
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1600

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 26 Chronic Hosp. — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4210A Wyoming — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Magdalena Last Niere
4. DATE OF DEATH Month Feb. Day 10 Year 1958
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Nov 8, 1860
9. AGE (In years last birthday) 97 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Bauer
14. MOTHER'S MAIDEN NAME Magdalena Koebel Bauer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Katie Henry — Address St. Louis, Missouri 4210 Wyoming

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Right Hip - Senility - Generalized arterio sclerosis, Suffered in fall to floor at Chronic Hospital Feb-8th 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accident
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above E904.7
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 2/8/58
45
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 13 Hospital
20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from 3 0 8, to and last saw her/him alive on
Death occurred at 3 0 8 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 2/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-12-58
23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery
23d. LOCATION (City, town, or county) (State) Ellisville Missouri

24. FUNERAL DIRECTOR Schrader Funeral Home — ADDRESS Ballwin Mo.
25. DATE RECD. BY LOCAL REG. FEB 11 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.J.B.

(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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Richard M. B

Licensed Embalmer No. 45

P. O. Address Bellevu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.