

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010695

STATE FILE NUMBER

2191

XC-2097 986

SL 1478

17 MAR 1959

Registration District No.

Primary Registration District No.

Registration No.

300  
1-57  
95  
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 23 days	d. STREET ADDRESS (If outside, give location) 3644 Cote Brillante		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED BAUER			4. DATE OF DEATH Month Day Year FEBRUARY 28, 1959		
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 2/7/93	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 66 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (City and state or country) MILAN, TENN.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FRED BAUER		13b. MOTHER'S MAIDEN NAME ELIZABETH KANZLER		14. NAME OF HUSBAND OR WIFE MAUDE BAUER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give major dates of service) YES WW-1		16. SOCIAL SECURITY NO. 497-03-9531	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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) OBSTRUCTIVE EMPHYSEMA WITH RESPIRATORY FAILURE SUSPECTED. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 527.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH TO YEARS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. Attended the deceased from 2/5/59 to 2/28/59 and last saw him alive on 2/28/59 Death occurred at 6:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE JEFFERSON SMITH			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/4/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR A. Krow 2707 N. Grand			25. DATE REGD. BY LOCAL REG. MAR 3 '59		26. REGISTRAR'S SIGNATURE Kogal Smith, M.D.

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 *J. B. 79*  
Licensed Embalmer No. ....  
P. O. Address *St. Louis, Mo.*

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.