

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016032

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1172

300  
-57

Health,  
Welfare  
Public  
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

doctor, coroner, etc.: never use any other ink  
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clayton</b> <b>4452</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7539 Byron</b>		Length of stay in lb <b>YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>7539 Byron</b>
3. NAME OF DECEASED (Type or print) First <b>Ella</b> Middle <b>M.</b> Last <b>Bauer</b>		4. DATE OF DEATH Month <b>April</b> Day <b>28</b> , Year <b>1959</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28, 1864</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Belleville, Ohio</b>
13a. FATHER'S NAME <b>Milo Stearns</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Calhoun</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Herman Bauer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. I.W. Kurtz 7539 Byron, Clayton Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterial Sclerotic Heart Disease</b>			<b>5 years</b>
DUE TO (c) <b>General Arterial Sclerosis</b>			<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>4280</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. I attended the deceased from <b>February 3, 1959</b> <b>April 28, 1959</b> and last saw <sup>her</sup> <del>him</del> alive on <b>April 28, 1959</b> . Death occurred at <b>745 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. M. Norton, M.D.</b> (Degree or title)		22b. ADDRESS <b>634 No. Grand Blvd - St Louis Mo</b>	22c. DATE SIGNED <b>4-29-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>C.R. Lupton and Sons 7233 Delmar Blv'd.</b>		25. DATE RECD. BY LOCAL REG. <b>4-29-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

W. O. Wheeler 1812 S. P.

11-1 P.M.

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*  
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.