

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1003
-62-043942

Registration District No. 318 Primary Registration District No. _____ Registrar's No. 11322 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **NOV 30 1962**

a. COUNTY Missouri b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in lb 83 yrs.

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3911 Alberta Street Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3911 Alberta Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ROBERT Middle M. Last BAUER 4. DATE OF DEATH Month November Day 24 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb. 3, '79 9. AGE (last birthday) 83 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman 10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ROBERT BAUER 13b. MOTHER'S MAIDEN NAME Amelia Huber 14. NAME OF HUSBAND OR WIFE Bauer Mrs. Elizabeth Dillmann

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. _____ 17. INFORMANT Address Mrs. Elizabeth Bauer, 3911 Alberta (16)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION
DOE TO (b) ARTERIO-SCLEROTIC HEART DISEASE
DOE TO (c) ADVANCED ARTERIO-SCLEROSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) 7200
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Nov. 23, 1962 to Nov. 24, 1962 and last saw her/him live on Nov. 27, 1962
Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph P. Machold 22b. ADDRESS 624 N. GRAND 22c. DATE SIGNED 11-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE November 27, '62 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis (6) 25. DATE RECD. BY LOCAL REG. NOV 26 1962 26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. J. R. Macko
Mo. Health Bldg.
Ol. 2-0635
until 1 P.M.

STATEMENT BY LICENSED EMBALMER

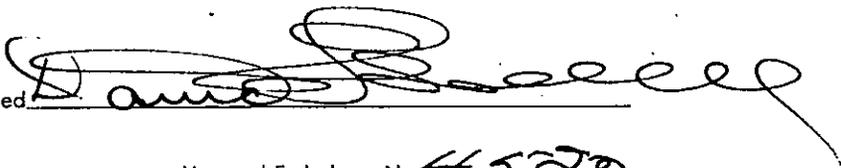
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4520

P. O. Address L. L. Jones

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.