

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037351

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9405

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 26 1963

VS 300
Rev. 4/59

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24032A

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 days	c. CITY OR TOWN Pine Lawn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6120 Bircher
3. NAME OF DECEASED (Type or print) First AUGUST Middle A Last BAUER		4. DATE OF DEATH Month September Day 17 Year 1963	
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 3/23/1895
9. AGE (last birthday) 68 years		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stationary fireman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Anthony Bauer	
13b. MOTHER'S MAIDEN NAME Helen Rick		14. NAME OF HUSBAND OR WIFE Mary V. Bauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of yes W. W. I)		17. INFORMANT Address Mary Bauer - 6120 Bircher	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Coronary Arteriosclerosis DUE TO (b) 4201 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 9/5/63 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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 WORK <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. I attended the deceased from 8/6/52 to 9/17/63 and last saw him live on 9/17/63 Death occurred at 1:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert A Bauer MD		22b. ADDRESS Northland Bldg	
22c. DATE SIGNED 9/19/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept 20, 1963	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri	
24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY, INC. - 5967 W. Florissant		25. DATE RECD. BY LOCAL REG. SEP 19 1963	
26. REGISTRAR'S SIGNATURE Heard Smith. M.D.			

1933-1934

1933

1933

1933

St. Louis

Missouri

15 days

St. Louis

Prime Lawn

Fifth Hospital

DISO Richter

x

AUGUST

A
x

September 17 1933

BAUER

3/23/1887 08 years

white male

stationary fireman

St. Louis, Missouri U. S. A.

Mary V. Bauer

Helen Rick

Anthony Bauer

Mary Bauer - DISO Richter

188 20 6803

W. W. I. yes

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 *W. W. I.*

Licensed Embalmer No. 4557

P. O. Address St. Louis

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.

Missouri

St. Louis

Cemetery

Sept 20, 1933

Paris

BUEHLER MOUNTAIN, INC. - 1907 W. Fl. Ordway