

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38614

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2017, KOSIUSKO)

File No.....
Registered No. 11300
St. Ward)

2. FULL NAME

Frederick Bauer

(a) Residence. No. 2017 Kosiusko St. 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | White | Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

MARGARET Bauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 9 | 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Bauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT John J Bauer
(Address) 2017 Kosiusko St.

15. DEC 18 1927 FILED max b. starscoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Dec 16, 1927 that I last saw him alive on Dec 16, 1927, and that death occurred, on the date stated above, at 2:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93L
95B (duration) 1 yrs. mos. ds.
CONTRIBUTORY Cardiac asthma
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90B
IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul Holzman, M. D.
12-17, 1927 (Address) 2924 S. Grand St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Peter & Paul Cem 12-20 1927

20. UNDERTAKER ADDRESS
Wick Bros 2201 So Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

