

MAR 21 1928

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

Do not use this space.

10304

1. PLACE OF DEATH

County St. Charles Registration District No. 157  
Township St. Charles Primary Registration District No. 3036  
City St. Charles (No. 1073) Madison St. 2 (Ward)

2. FULL NAME

George Frank Bauer

(a) Residence No. 1073 Madison St. 2 Ward. (If nonresident give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos. — da. How long in U.S., if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, — hrs. or — min.  
75 6 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Scottsville  
(STATE OR COUNTRY) St. Charles Co Mo

PARENTS

10. NAME OF FATHER Fred Bauer

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

12. MAIDEN NAME OF MOTHER Mary Ann

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

14. INFORMANT Gustav F. Mische  
(Address) Wellston St. Louis Co Mo

15. FILED 3/5 19 28 Hy. E. Blalock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1<sup>st</sup> 1928, to March 4<sup>th</sup> 1928, that I last saw him alive on March 3<sup>rd</sup> 1928, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Parasitoid

CONTRIBUTORY (SECONDARY) —

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: —

DID AN OPERATION PRECEDE DEATH? DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. L. Currier, M. D.  
, 19 (Address) St. Charles Mo

\*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 Oak Grove Cemetery DATE OF BURIAL March 6 - 1928

20. UNDERTAKER Steinbraker Firm, Inc ADDRESS St. Charles

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Charles

Registration District No. 757

File No. ....

Township .....

Primary Registration District No. 3036

Registered No. 2

City St. Charles

(No. ....)

St. .... Ward)

**2. FULL NAME**

George Frank Bauer

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

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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 3/5 19 28 by G. Bloebaum REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Enter Pneumonia

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

N. B. - 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-10304