WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

19068

File No. 5486

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2120 Mallinckrodt St. Ward)

Registration District No. 791

Primary Registration District No. 1002

2. FULL NAME Ernst Baus

(a) Residence. No. 2120 Mallinckrodt St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3, 1852

7. AGE: Years 75 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Attendant

(b) General nature of industry, business, or establishment in which employed (or employer): Krey Packing Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Not known
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: — Baus

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not known
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Not known

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

14. INFORMANT: Mrs. Koelker
(Address): 2120 Mallinckrodt

15. FILED: MAY 20 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to May 18, 1928 that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) C. Mellus, M. D

May 19, 1928 (Address) 3825 N 20

*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: St. Johns, North

DATE OF BURIAL: May 21 1928

20. UNDERTAKER: Suedmeyer.

ADDRESS: 3934 N 20