WHITE 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.

31687

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8920

City St Louis (No. 6008 N. Broadway St. ..... Ward)

2. FULL NAME Florant Bauwens

(a) Residence. No. 6008 N. Broadway St. 9 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Novelty Business
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Blondein Bauwens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Philippina Vervick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium

14. INFORMANT Mrs. Mary Bauwens
(Address) 6008 N. Broadway

15. FILED SEP -1 1923, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Sept. 3, 1928, that I last saw him alive on Sept. 3, 1928, and that death occurred, on the date stated above, at 5 05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Esophagus and Stomach (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 44A (duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) P. J. Heuer, M. D

9/4, 1928 (Address) Mo Bldg

*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: Calvary Cemetery
DATE OF BURIAL: 9-6-1928

20. UNDERTAKER: Kriegshauser A. C.
ADDRESS 4104 Manchester Av.

[illegible]