

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

Do not use this space.

26584

1. PLACE OF DEATH

County.....
Township.....
City..... (No. Luthern Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 7854
St. Ward)

2. FULL NAME Leonora P. Bayer

(a) Residence. No. 1942a Sidney St. 23 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis C. Bayer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	34	11	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(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 Wm. J. Zieger
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER: Hennretta Walrapp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Herman Lauck
(Address) 1942 Sidney

15. FILED JUL 30 1929 Wm. C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20 1929, to July 27 1929 that I last saw her alive on July 27 1929, and that death occurred, on the date stated above, at 6:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-abortal septicemia
(Self induced abortion July 13, 1929)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) 146 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at 1942a Sidney St.

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Notar John Eversall, M. D.
July 29, 1929 (Address) 4641 Washington Bl.

*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 Sun Set Burial Park DATE OF BURIAL July 30 1929

20. UNDERTAKER Lauck & Schmitt ADDRESS 3732 S. Grand Blv.

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.

235-1-2-1

