

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Lutheran Hosp.)

File No. 29379
 Registered No. 8536
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5621 So. Kingshighway 14 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 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 Pauline B. Bayer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1st 1880
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 6 17

8. OCCUPATION OF DECEASED Retired
 (a) Trade, profession, or particular kind of work City Fireman
 (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 Bayer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Margaret Schmidt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Pauline B. Bayer
 (Address) 5621 So. Kingshighway

15. FILED May 1 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18 19 29
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928 to Aug 18, 1929, and that I last saw him alive on Aug 18, 1929, and that death occurred, on the date stated above, at 6:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Edw. J. Dwyer M. D.
 19 (Address) 3901 So. Broadway

*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 New St. Marcus Cem. DATE OF BURIAL Aug. 21 19 29

20. UNDERTAKER Wm. Schumacher ADDRESS 2013 Meramec

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.

4-11-78