

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

Do not use this space.

40269

1. PLACE OF DEATH

County Osage
Township Rock
City Hermann (No. _____)

Registration District No. 303
Primary Registration District No. 5420

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. _____
(Usual place of abode)

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 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 Minnie Bauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 9

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Jacob Bauer

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

12. MAIDEN NAME OF MOTHER Christina Letz

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

14. INFORMANT John Bauer
(Address)

15. FILED 12-22-29 Anna L. Rickhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 3-29, 1929, to Dec 10, 1929, that I last saw him alive on Dec 10, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

CONTRIBUTORY (SECONDARY) 44 yrs. 4 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 6

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Howard Workman, M. D.

, 19 (Address) Bermann 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 DATE OF BURIAL

Hermann City Cemetery 12/13 1929

20. UNDERTAKER ADDRESS

Guidipin Hermann Co

