

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

Do not use this space.

14230

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis**

Registration District No. **707**
Primary Registration District No. **1002**
(No. **7416 Virginia Avenue**)

File No.....
Registered No. **3566**
St. _____ Ward _____

2. FULL NAME

Mary A. Bauer

(a) Residence. No. **7416 Virginia Avenue** St. **1** Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **66 yrs. 1 mos. 28 ds.** How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George E. Bauer, Sr.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **February 9, 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	1	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... **At home**
(b) General nature of industry, business, or establishment in which employed (or employer)..... **None**
(c) Name of employer..... **None**

9. BIRTHPLACE (CITY OR TOWN)..... **Saint Louis,**
(STATE OR COUNTRY)..... **Missouri**

PARENTS	10. NAME OF FATHER Ferdinand Walther,
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)..... Germany
	12. MAIDEN NAME OF MOTHER Theresa Knoebel
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)..... Germany

14. INFORMANT **George E. Bauer Sr.**
(Address) **7416 Virginia Ave., St. Louis, Mo.**

15. FILED **11/19/30** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 6, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **March 31**, 19**30**, to **April 6**, 19**30**, that I last saw h. **EA** alive on **April 6**, 19**30**, and that death occurred, on the date stated above, at **2:45 p.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
9418
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) **E. E. H. H. H.**, M. D.

XZ, 19**30** (Address) **6829 Urgan**

*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 **Sunset Burial Park** DATE OF BURIAL **Apr. 10, 1930**

20. UNDERTAKER **C. Hoffmeister & Co.** ADDRESS **7814 S. Bway St. Louis, Mo.**

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.

