

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

Do not use this space.

14385

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. City Sanitarium) St. Ward)

File No.
 Registered No. 3729

2. FULL NAME

Amelia Bauer
 (a) Residence. No. 1632 Cass HA, 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 27 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) Separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17. 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>3</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Schwegerl Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT E. N. Coan
 (Address) City San St. Louis Mo

15. FILED 1937 4 C. Barker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1930
 17.

I HEREBY CERTIFY, That I attended deceased from Mar 31, 1930 to Apr 12, 1930 that I last saw her alive on Apr 12, 1930 and that death occurred, on the date stated above, at 10:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
83
34

General Paralysis of Insane
 (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Syphili
 (duration) yrs. mos. 13 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF none
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chic + lab
 (Signed) E. N. Coan, M. D.

4-12-1930 (Address) St. Louis 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 St Peter Paul DATE OF BURIAL Apr 15, 30

20. UNDERTAKER Wacker-Heldere ADDRESS 9331 S Bldg

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.

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13

