CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

23047

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6494

City St Louis (No. 4214 Blaine ave St. ..... Ward)

2. FULL NAME Laura E. Bauer

(a) Residence. No. 4214 Blaine ave St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 255
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER August Gentherh

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

12. MAIDEN NAME OF MOTHER Hilda Kean

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

14. INFORMANT August E Bauer
(Address) 4214 Blaine St

15. FILED JUN 11 1931 Max C Starder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930, to June 9, 1931 that I last saw her alive on June 9th, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Acute
93A
154
..... (duration) ..... yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis
..... (duration) ..... yrs. — mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) [signature], M. D.
June 10, 1931 (Address) 4903 Delmar

*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
Lake Charles Cemetery	6-12 1931

20. UNDERTAKER	ADDRESS
Kriegshauser Und Co	4228 S. Kingshighway