

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

Do not use this space.

1. PLACE OF DEATH

County GASCONADE
Township BOEHF
City (No)

Registration District No. 306
Primary Registration District No. 5424

File No. 27984
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

ST LOUIS MO
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. 3 mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE MIXED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR-12-1892

7. AGE YEARS 59 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) AUG 15 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWISS MO

13. NAME REINHOLD BIEBER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME MILLER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT (ADDRESS) Geo Bauer
St Louis MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SWISS DATE AUG 15 1931

19. UNDERTAKER (ADDRESS) HERMAN BLUMER
BERGER MO

20. FILED 8/17 1931 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931, to Aug 16 1931
I last saw him alive on Aug 16 1931. Death is said

to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

apoplexy
arteriosclerosis
Date of onset 8/15/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. H. Goughell, M. D.
(Address) Herman MO

