

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

Do not use this space.

32324

**1. PLACE OF DEATH**

County St. Genevieve Registration District No. 934  
Township Union Primary Registration District No. 6026  
City (No. St. Ward)

**2. FULL NAME**

Sophie Bauman  
(a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 9 20

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Werngaten  
Prussia

13. NAME Andrew J. Messing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden  
Germany

15. MAIDEN NAME Margaret Kettinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden  
Germany

17. INFORMANT Joseph J. Bauman  
(ADDRESS) Werngaten Prussia

18. BURIAL, CREMATION, OR REMOVAL PLACE Werngaten Prussia DATE Sept 7 1931

19. UNDERTAKER John Basler  
(ADDRESS) St. Genevieve Mo

20. FILED 10-8 19 31 Wm. A. Kott  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to Sept 5, 1931  
I last saw her alive on Sept 4, 1931. Death is said to have occurred on the date stated above, at 5:30 A.  
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma Date of onset 1928  
131  
95B  
Other contributory causes of importance:  
Chronic Myocarditis 131 1925  
" Nephritis 131 1925

Name of operation NO Date of NO  
What test confirmed diagnosis? Spinal Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury NO, 19NO  
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 NO  
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify NO  
(Signed) Arthur E. Evans, M. D.  
(Address) St. Genevieve Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 26 1931

