

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

Do not use this space.

40607

1. PLACE OF DEATH

County GASCONADE
Township RICHLAND
City _____ (No. _____)

Registration District No. 304
Primary Registration District No. 547H

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

FRANK BAUR

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

WIDOWED

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

MARY BAUR

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

DEC-13-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71

11

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

FARMER

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

HERMANN

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

GEORGE BAUR

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

12. MAIDEN NAME OF MOTHER

EFFIE ROETHLI

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

14. INFORMANT

ANTON BAUR

(Address)

R3 HERMANN, MO

15. FILED

12-12-31

F. R. Kieck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12/5-1931

17.

I HEREBY CERTIFY, That I attended deceased from 12/5, 1931, to 12/5, 1931, that I last saw h. _____ alive on 12-5-12/31, 1931, and that death occurred, on the date stated above, at 11:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

92A

(duration) 1 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ 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?

(Signed) Howard Horkman M. D.

, 19 _____ (Address) Perth Amboy, N. J.

*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

ST. JOHN'S Cem. STOLPE, MO

12/8 1931

20. UNDERTAKER

ADDRESS

HERMAN BLUMER

HERMANN

MO

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

DEC 28 1931

