

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

Do not use this space.

5952

1. PLACE OF DEATH

96 County St. Louis Registration District No. 786
6 Township Central Primary Registration District No. 14969
City Maplewood (No. 2615 Big Bend Blvd)

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Michael Bauer
(a) Residence No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Bauer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1848
7. AGE YEARS 83 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron Worker
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) Germany 10

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 31

15. MAIDEN NAME "

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

17. INFORMANT Marie Schuring (ADDRESS) 2615 Big Bend Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE July 12 1932

19. UNDERTAKER Clement W. Co. (ADDRESS) 2217 Grand Blvd

20. FILED 7/11 1932 Merceda Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10th 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1931 to Feb. 10, 1932.
I last saw him alive on Feb. 9, 1932. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, bilateral. Date of onset 2-6-32
108908
Other contributory causes of importance: Myocarditis, chronic. ?
Name of operation None (1) Date of _____
What test confirmed diagnosis? Phys. exam. 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 _____ 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) Trudy Hall, Jr. _____ M. D.
(Address) 12816 Anthony Ave. _____
Maplewood, Mo.

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

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. MAR 25 1932

