

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

Do not use this space.

6930

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 4177, Delmar Blvd) St. .... Ward.....

File No.....  
Registered No. 2019  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 4177 Delmar St., 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathilda Bauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1866</u>		
7. AGE YEARS <u>abt 66</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Collected Supply Room 253</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Eq value 10.66</u>		
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) <u>Germany 10</u>		
13. NAME <u>Fred W Bauer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 31</u>		
17. INFORMANT <u>Mathilda Bauer</u> (ADDRESS) <u>4177 Delmar Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery 3-2</u>		
19. UNDERTAKER <u>Arthur J. Donnelly</u> (ADDRESS) <u>2039 Grand St</u>		
20. FILED <u>1932</u> Registrar.		

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from NO PHYSICIAN IN ATTENDANCE  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:  
167 Gunshot Wound of Chest (self-inflicted) at residence

Other contributory causes of importance:  
suicide

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 2/28, 1932  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
In Home

Manner of injury Gunshot Wound of Chest  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify.....  
(Signed) Joseph H. ... M.D.  
(Address) St. Louis, Mo.

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.

FADING INK—THIS IS A PERMANENT RECORD

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