

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

Do not use this space.

27752

1. PLACE OF DEATH

County..... Registration District No. 1901
 Township..... Primary Registration District No. 1502
 City St. Louis, Mo. (No.), Sanitarium..... St. Ward)

File No.
 Registered No. 7580

2. FULL NAME

John Bauley
 (a) Residence, No. 2714 Howard St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 4 mos. 10 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>4</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation <u>unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Edna Bauley

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

15. MAIDEN NAME Ann O'Rourke

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

17. INFORMANT A Schmeising (ADDRESS) 400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE balony DATE Aug 20, 1932

19. UNDERTAKER Arthur J. Rosnelly and Co (ADDRESS) 2028 Grand St

20. FILED Aug 19 1932 May C. Starck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Aug 7, 1932

I last saw him alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 11/7/32

Other contributory causes of importance:

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

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?
 If so, specify

(Signed) Clifford Schmeising, M. D.
 (Address) 5400 Arsenal

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.

