

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.

JAN 5 1933

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

Do not use this space.

37080

## 1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170 H  
7 Township Richmond Mo. Primary Registration District No. 6248 H  
City Richmond Mo. (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Marlyn Bauer  
(a) Residence, No. 1120 Blendon Pl. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1932</u>		
7. AGE	YEARS	MONTHS
		1
		20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) <u>mo</u>		
MOTHER / FATHER	13. NAME <u>Walter M. Bauer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, mo</u>	
	15. MAIDEN NAME <u>Helen Dick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, mo</u>	
17. INFORMANT <u>Walter M. Bauer</u> (ADDRESS) <u>1120 Blendon Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Paul</u> DATE <u>11-26</u> '32		
19. UNDERTAKER <u>Brieghauser Mortuaries</u> (ADDRESS) <u>4141 Manchester Ave</u>		
20. FILED <u>11/26</u> , 19 <u>32</u> by <u>L. Jensen</u> Registrar.		

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1932, to Nov. 24, 1932.  
I last saw h. sv alive on Nov. 24, 1932. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Septicemia  
36 67 1  
Other contributory causes of importance:  
Thyroid hypertrophy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood tests Was there an autopsy? Yes

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) Julius A. Rosen, M. D.  
(Address) 4462 Washington Blvd.

4462 Washington