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.

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

Do not use this space.

41558

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1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 427

City Jefferson Barracks, Mo. Veterans Administration Hospital St. Ward)

2. FULL NAME Leonard G. BAUER.

(a) Residence, No. 516 Jeffords, St. Louis County, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? - yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	31	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmswick, Missouri 1

FATHER

13. NAME Ben Bauer

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director. Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maxville, Mo. DATE 12-28- 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister Mfg Co 7814 So Broadway

20. FILED Dec 26, 19 L. C. Clerock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1932, to December 25, 1932

I last saw him alive on December 25, 1932. Death is said to have occurred on the date stated above, at 2:15P m.

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

	Date of onset
Tuberculosis, pulmonary, chr. far advanced, active.	Unk.
23A 23	
Other contributory causes of importance: None	Unk.

Name of operation -- Date --

What test confirmed diagnosis? Clinical, physical, laboratory, & X-ray findings 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Medical Officer In Chg.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.