

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

Do not use this space.

41941

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 1002
City..... St. Louis Mo (No. 2863 Wyoming)

File No. 10986
Registered No.
St. Ward)

2. FULL NAME

Mary M. Bauer
(a) Residence, No. 2863 Wyoming 16 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Ill.

13. NAME Adam Bretech

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

15. MAIDEN NAME Magdalena Hanuff

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

17. INFORMANT (ADDRESS) Theo Gerner
2863 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACES S.S. Peter Paul DATE Dec 23, 1933

19. UNDERTAKER (ADDRESS) Pendle Ind Co
1819 N. Chicago

20. FILED Dec 22, 1933 J. Bretech
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20th 1933

22. I HEREBY CERTIFY, that I attended deceased from Nov 20th 1933, to Dec 20th 1933

I last saw her alive on Dec 18th, 1933. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Myocarditis Chronic
at C
at B
at C
Other contributory causes of importance
Coronary Sclerosis

Name of operation None Date of None

What test confirmed diagnosis Micro Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1933

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Cecil H. ... M. D.
(Address) 3353 ...

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.

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

JAN 26 1934

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