

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. 4762; Alma Ave)

File No. **15108**
 Registered No. **4322**
 St. Ward)

2. FULL NAME

(a) Residence, No. 4762-Alma Ave St. 1 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (typ)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Contractor

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) Germany

13. NAME George Bauer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Elizabeth Bauer
4762 Alma Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Singer DATE Apr 30 1934

19. UNDERTAKER (ADDRESS) Wacker, Selderle
2331 Broadway

20. FILED 19 34 J. Bredeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933, to April 28 1934

I last saw him alive on April 27 1934 Death is said to have occurred on the date stated above, at 4 m.

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

Carcinoma of stomach Date of onset May 1933

Other contributory causes of importance: 46

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify Arthur Youngman, M. D.

(Signed) Arthur Youngman, M. D.

(Address) 402 Grand 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.

