

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

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.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis* (No. *4143*, *Nebraska Ave.*)

File No. **22515**  
Registered No. **6345**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *Mary Mishauer* *4143 Nebraska Ave.* *15* 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? *60* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 20-1857*

7. AGE YEARS *76* MONTHS *8* DAYS *5* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*  
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) *Bohemia*

FATHER 13. NAME *Lawrence Bauer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bohemia*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bohemia*

17. INFORMANT (ADDRESS) *Theresa Michales* *4143 Nebraska*

18. BURIAL, CREMATION, OR REMOVAL PLACE *S. S. Peter's Paul Church* DATE *June 29 1934*

19. UNDERTAKER (ADDRESS) *Thos. Guita* *2906 Grand Ave.*

20. FILED *28 1934* *J. J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25 1934*

22. I HEREBY CERTIFY that I attended deceased from *May 28 1934* to *June 25 1934*  
I last saw *her* alive on *June 25 1934*. Death is said to have occurred on the date stated above, at *5:15 P.M.*

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

*Right Cerebellar Hemorrhage*  
*131* duration *10 days*  
Other contributory causes of importance:  
*Chronic Interstitial Nephritis*  
*131* duration *5 years*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Physical* 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) *A. L. Ventel*  
(Address) *3608 Grand Blvd*

