

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.

SEP 25 1934

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

Do not use this space.

30632

1. PLACE OF DEATH

County St. Louis
Township Banksome
City Chesterfield (No.) St. Ward)

Registration District No. 185
Primary Registration District No. 6031

File No.
Registered No. 190

2. FULL NAME Infant Bayer

(a) Residence, No. Chesterfield, Mo. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
0 0 0 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Chesterfield Mo

FATHER 13. NAME John Bayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Mo

MOTHER 15. MAIDEN NAME Nora Holman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield, Mo

17. INFORMANT (ADDRESS) John Bayer Chesterfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Summa Cem DATE Aug-17-34

19. UNDERTAKER (ADDRESS) Schradler Funeral Home Ballwin, Mo

20. FILED Aug 18, 1934 Agnes C. Kelly, Dept Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934 to Aug 18, 1934

I last saw him alive on Aug 18, 1934 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:

Congenital debility : Date of onset 159
158
Other contributory causes of importance: 159
premature birth

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?

If so, specify

(Signed) Royal C. McLean , M. D.

(Address) Creve Coeur, Mo

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