

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.

OCT 16 1934

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

Do not use this space.

33322

1. PLACE OF DEATH

County Louis
Township Salem
City Salem (No.)

Registration District No. 485
Primary Registration District No. 57048

File No.
Registered No.
St. Ward)

2. FULL NAME

Harmen H. Bauerrichter

(a) Residence, No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Bachelor</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1859 Jan. 9</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>4</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany Ill.</u>
	13. NAME <u>Fred Bauerrichter</u>

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Getty Woodman</u>

	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
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17. INFORMANT (ADDRESS) <u>H. H. Bauerrichter</u> <u>Livingston Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steffen Billings</u> DATE <u>Sept 14</u> 19 <u>34</u>

19. UNDERTAKER (ADDRESS) <u>Thos. Ball</u> <u>Livingston Mo.</u>
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20. FILED <u>Sept 13</u> 19 <u>34</u> <u>Alvin D. Neal</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1934

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

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 11 a.m.

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

Natural Cause ✓ Date of onset

20

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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. A. Robert (Carman)

(Address) La Grange, Mo.

ROBERTS FURNITURE & UNDERTAKING CO

DEALER IN

RUGS, LINOLEUM, WALL PAPER, ETC

LAGRANGE, MISSOURI

Feburary 4th 1935.

Dr.A.T.Neal

Steffenville,Mo.

Dear Sir-

On the 12th day of September 1934,I was called to investigate the death of Herman Bauerrichter near Steffenville,and after a carefull examination of the body and a through inquiry of the family and neighbors as to his death,I decided an Inquest was not necessary and signed the death certificate,death from natural cause,I was informed he had not consulted a Physican for great many years.

Yours truly,

J.A. Roberts
Coroner of Lewis County Missouri

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lapeer
Township Salem
City (No.)

Registration District No. 485
Primary Registration District No. 5648

File No.
Registered No.
St. Ward

2. FULL NAME

Harmen H. Bauerrichter

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-9-1859

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 8 4

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED , 19 Alvin F. Neal Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-11-1934

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

I last saw h. alive on , 19 . Death is said

to have occurred on the date stated above, at m.

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

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Other contributory causes of importance:

Name of operation Date of

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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) , M. D.

(Address)

JAN 31 1935

S-33322

0.0

0.0

PROPERTY
OF
U.S. ARMY