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.

NOV 22 1934

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

Do not use this space.

38102

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: Kirkwood, Mo (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 03

File No. —
Registered No. 355

2. FULL NAME: Mary Bauman
(a) Residence, No. 1112 Herbert St., ... Ward. St Louis, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 9 mos. 10 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-14-1873

7. AGE: ~~62~~ YEARS 61 | MONTHS 8 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Jack Ogden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Catherine Revelle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Hospital Records
(ADDRESS) Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Mo DATE Oct. - 10 1934

19. UNDERTAKER Benjick Nichols
(ADDRESS) 1138 N. Lee

20. FILED 10-7 1934 Oscar H Tate M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1927 to 10-7- 1934
I last saw h. alive on 10-6-34 Death is said to have occurred on the date stated above, at 2:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925
23A	
23	

Other contributory causes of importance:

Name of operation ..... Date of op.
What test confirmed diagnosis? X-ray - Sputum 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
(Signed) George S Wilson, M. D.
(Address) Kirkwood, Mo.