

RECORD THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 9 1935

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. **6807**; **Leona** Registered No. **24706**
St. **2** Ward **6136**

2. FULL NAME

William Waldbauer
(a) Residence, No. **6807** **Leona** St., **2** 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 **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 5-1870**
7. AGE YEARS **60** MONTHS **4** DAYS **12**
IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Grocery**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

13. NAME **Wm Waldbauer**

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

15. MAIDEN NAME **Rosina Grundorf**

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

17. INFORMANT **Mrs Myrtle Waldbauer**
(ADDRESS) **6807 Leona Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New St. Marys** DATE **July 19 35**

DEERTAKER **Wacker-Steinle**
(ADDRESS) **2321 S. Broadway**

17 1935
J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17, 1935**

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:15** a.m.

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

Coronary Occlusion (Right) Date of onset
Cardiac Hypotrophy
Chronic Hemorrh. Nephritis

Other contributory causes of importance:

1351

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **J. A. Bredeck**, M. D.

(Address) **St. Louis**

11/7/35

V. S. NO. 2
10000-17-24-93

WRIT
N. B.—Every item
CAUSE OF DE

19. UN
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20. FILED

JUL