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 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No. 30599

Township Central — Primary Registration District No. 6033 — Registered No. 225

City ~~Green Coeur~~ (No. Mo Pac R R Tracks St. ..... Ward)

2. FULL NAME Edward Bauer (nick-name) correct name

(a) Residence, No. (Pauper) St. Ward. Henry Bauer 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	W	S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 8/29/35

11. Total time (years) spent in this occupation

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

FATHER

13. NAME William Bauer

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Wm. Bauer Maplewood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem. DATE 9/6 1935

19. UNDERTAKER (ADDRESS) Bauman Bros. Inc. Overland Mo.

20. FILED 9-6- 1935 H A Bochmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found 9/2/35, 19

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 2 PM m.

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

Train accident; struck by Mo. Pacific train, just west of Spoede and Clayton road; from every evidence while crossing trestle. Body was found under this trestle several feet below.

Date of onset 9/2/35

Other contributory causes of importance:

Fractured skull, with masceration of scalp on the left occipitl region. Multiple lacerations, abrasions and contusions about body. All ribs

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 9/6/35

(Signed) [signature], M. D.

(Address) 3714 Jennings Rd.

Money St. Louis Co., Mo.

multiply fractured right side, puncturing right lung.
Fracture of the surgical neck, left femur.
Secondary; Internal hemorrhage, chest and abdomen. Shock plus senility.

Verdict of Jury: Through accident, according to the evidence submitted.