JAN 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

File No. 38065

Registered No. 10081

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 3123, Alfred Ave St. ..... Ward)

2. FULL NAME WILLIAM N. BAYER

(a) Residence, No. 3123 Alfred Ave. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	5	3	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 23 years

12. BIRTHPLACE (CITY OR TOWN) Bavaria (STATE OR COUNTRY) Germany

FATHER

13. NAME Christian Bayer

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

MOTHER

15. MAIDEN NAME Rosa ~~Grogan~~ Grogahn

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

17. INFORMANT Emma Bayer (ADDRESS) 3123 Alfred

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE December 2 1935

19. UNDERTAKER Bredenkoeter Funeral Home Inc (ADDRESS) 1936 St. Louis Ave.

20. FILED DEC 2 1935 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1935

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 8 50 a.m.

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

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance: 42

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) Harold [illegible] M. D.

(Address) [illegible]

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.