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 4 1936

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

Do not use this space. 39760

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 6100 Vermont Ave. St. ..... Ward)

File No. .....

Registered No. 10807

2. FULL NAME Gotfried Bauman

(a) Residence, No. 6100 Vermont Ave. St., / Ward. (If nonresident, give city or town and State)
(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

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	0	5	

OCCUPATION

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

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

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) Germany

FATHER

13. NAME Bauman

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Rose Bauman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope Cemetary DATE Oct. 30, 1936

19. UNDERTAKER (ADDRESS) Fendler Und. Co. 7420 Michigan Ave.

20. FILED OCT 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936, to Oct. 27, 1936

I last saw him alive on Oct. 27, 1936. Death is said to have occurred on the date stated above, at 10 45 a. m.

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

Chronic Bronchial Asthma

Date of onset

Other contributory causes of importance: Chronic Myocarditis with Dilatation

Name of operation — Date of —

What test confirmed diagnosis? Clinical only 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) G. W. Coffman, M. D.

(Address) 6607 Va. Ave.