

DEC 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40921

1. PLACE OF DEATH

County GASCONADE
 Township HERMANN
 City HERMANN (No. 303)

Registration District No. 303
 Primary Registration District No. 4182

File No. 40921
 Registered No. 40921
 St. HERMANN Ward 1

2. FULL NAME

(a) Residence, No. ✓ St. ✓ Ward. ✓
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ANNA BAUR</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 7-1872</u>		
7. AGE <u>63</u>	YEARS <u>11</u>	MONTHS <u>3</u>
DAYS <u>3</u>		IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>7-1928</u>		
11. Total time (years) spent in this occupation <u>40 yrs</u>		

12. BIRTHPLACE (CITY OR TOWN) HERMANN
 (STATE OR COUNTRY) MO

13. NAME JACOB BAUR

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

15. MAIDEN NAME CHRISTINA VETZ

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

17. INFORMANT (ADDRESS) Mrs. Joe Baur
Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE HERMANN CITY DATE 11/12

19. UNDERTAKER HUGO H. BLUMER
 (ADDRESS) Hermann Mo

20. FILED 11-12, 1936 Anna R. Rietzsch
 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to NOV 10, 1936

I last saw h. l. m. alive on NOV 10, 1936. Death is said

to have occurred on the date stated above, at 7:36 AM

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

Hemorrhagic glomerulonephritis, chronic
Myocardia
 Date of onset 1932

Other contributory causes of importance 131

Name of operation none Date of NOV 10

What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury NO

Where did injury occur? NO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify NO

(Signed) Paul J. Schaefer M.D. M. D.

(Address) 31 E. Market St. Hermann, Mo

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.

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