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

FEB 8 1937 791

Do not use this space.

File No. 3166

Registered No. 189

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3658 Lierman St. Ward)

2. FULL NAME Charles Bauer

(a) Residence, No. 3658 Lierman St., Ward. 15

(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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11th 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	11	24	

OCCUPATION

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. Retail Clothing

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) St. Louis Mo

FATHER

13. NAME John G. Bauer

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

MOTHER

15. MAIDEN NAME Kuemmel

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

17. INFORMANT Amanda Bauer (ADDRESS) 3658 Lierman

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan 8, 1937

19. UNDERTAKER J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED Jan 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec. 25th~~, 1936, to January 5, 1937

I last saw him alive on January 4, 1937. Death is said to have occurred on the date stated above, at 4:10 m.

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

	Date of onset
Chronic Myocarditis	9/25/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical + Physical 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 No

(Signed) Henry C. Grauel, M. D.

(Address) 2905 Cherokee St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044