APR 27 1937

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

Do not use this space.

File No. 13552

Registered No. 112

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. ..... Ward)

2. FULL NAME Frank BAIER

(a) Residence, No. 1564 Lafayette Avenue St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	6	25	

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Baier

14. BIRTHPLACE (CITY OR TOWN) Belleview
(STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Ella Gaab

16. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Clinical Clerk M. Schulig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE March 12, 1937

19. UNDERTAKER G. HOFFMEISTER [illegible]
(ADDRESS) 7814 So. Broadway St. Louis, Mo.

20. FILED March 11, 1937 G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1937, to March 10, 1937.
I last saw him alive on March 10, 1937. Death is said to have occurred on the date stated above, at 1:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PERNICIOUS ANEMIA	Unkn.

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Other contributory causes of importance:

Nephritis, chronic with urea retention and edema.	Unkn.

Name of operation None
What test confirmed diagnosis? Phy. clinical manifest., laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, 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.