

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **St. Johns Hospital**)

File No. **14191**
Registered No. **3687**
St. Ward

2. FULL NAME **Gus A. Baur**

(a) Residence, No. **2227a Missouri Ave.**, St. **23** Ward.
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hattie Baur**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April, 30-1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 4

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

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

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.**13. NAME **Anton Baur**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Louise Herpel**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Hattie Baur**
(ADDRESS) **2227a Missouri**18. BURIAL, CREMATION, OR REMOVAL
PLACE **New St. Marcus** DATE **April-6 1937**19. UNDERTAKER **Wacker-Heldrele**
(ADDRESS) **2331 S. Broadway**20. FILED **APR 5 1937** **J.P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 3rd.** 19 **37**22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19 **22**, to **4/4/37**, 19.....I last saw him alive on **4/2/37**, 19..... Death is said to have occurred on the date stated above, at **6.15 A.M.**

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

Date of onset

Coronary occlusion **4/3/37**Other contributory causes of importance: **51**
Arteriosclerosis (Type VIII) **3/20/37**
(Fumar)
(Wenckebach)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **220**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? **Yes**

If so, specify.....

(Signed) **W. A. Baur**, M. D.(Address) **Beaumont St. St. Louis**

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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