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.

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

Do not use this space.

791
1003

18534
5110

1. PLACE OF DEATH
County JUN 12 1937 Registration District No. 1003 File No. 5110
Township Primary Registration District No. Registered No.
City St. Louis (No. 4214 Blaine Ave. St. Ward)

2. FULL NAME August E. Bauer
(a) Residence, No. 4214 Blaine Ave. St., 18 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: Whio
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Laura E. Bauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1869

7. AGE: 68 YEARS, 1 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Partner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junge Bauer Grocery Co.
10. Date deceased last worked at this occupation (month and year) 4-20-37
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Adolph Bauer
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) Gilbert P. Bauer 4042 A McRee Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem. DATE 5-24- 1937

19. UNDERTAKER (ADDRESS) Kriegshause Mortuaries 4228 So. Kingshighway

20. FILED MAY 21 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to May 21, 1937
I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 6-8 mths

Other contributory causes of importance:

Hypertension — 3 to 5 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature], M. D.
(Address) 1625 Tower Grove Ave

Dr. W. Antoine Daly

1-3