

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

JUN 12 1937

Do not use this space.

18732

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 2

City St. Louis (No. 4920 Loughboro

File No. 5308

Registered No. 5308

St. Ward)

2. FULL NAME William Bauer

(a) Residence, No. 4920 Loughboro St. 2 Ward.

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 9 19

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.

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) Missouri

13. NAME William Bauer

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

15. MAIDEN NAME Sophia Pfile

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

17. INFORMANT Ella Bauer (ADDRESS) 4920 Loughboro

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE 5/31/37

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Avenue

20. FILED MAY 28 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Myocardial Stegosis Arteriosclerotic Regurgitation

Other contributory causes of importance: Chronic Parenchymatous Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Alfred G. Perry M.D. (Address) Supply Coroner

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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