

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

Do not use this space.

JUN 29 1937

21282

1. PLACE OF DEATH  
 9. County Shannon Registration District No. 788  
 12. Township \_\_\_\_\_ Primary Registration District No. 4471  
 12. City Webster Groves (No. 7817, Webster) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William H. Bayer  
 (a) Residence, No. 7817 Webster St., \_\_\_\_\_ Ward Shrewsbury, MO  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) <u>Laura Bayer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Portrait Enlarging</u> <u>Brayer artist</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-9-37</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shannon Missouri</u>		
FATHER	13. NAME <u>Frederick Bayer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Emig</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. H. Steinmeyer</u> <u>7817 Webster Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fahwood Cem</u> DATE <u>May 10, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Parker Lard Co</u> <u>Webster Groves Mo</u>		
20. FILED <u>5-10-1937</u> <u>Jules R. Noz</u> (Registrar)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/29/34 19\_\_\_\_ to 07/7 1937  
 I last saw him alive on 07/6, 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute - Central nervous system -  
Tuberculosis  
 Date of onset 1934

Other contributory causes of importance:  
Pyelitis & obstruction  
probably due to luetic  
scar 80 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Wassermann and luetin  
also by x-ray exam

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) A. A. Quatrack, M. D.  
 (Address) 17 E. Oakwood

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.

