

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **291**
Township Primary Registration District No. **1003**
City, Saint Louis, Missouri (No. Barnard Free Skin & Cancer Hospit. St. Ward)

25790

File No.
Registered No. **6964**2. FULL NAME Adam Bauer

(*) Residence, No. 3331 Iowa Ave. St. 24 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 Pauline Bauer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24th, 1869

7. AGE YEARS 68 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer
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) Saint Louis, Missouri.
(STATE OR COUNTRY)

13. NAME Adam Bauer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Pauline Bauer
(ADDRESS) 3331 Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Martin's Cem. DATE July 24th, 1937

19. UNDERTAKER Ziegenhain Bros.
(ADDRESS) 2523 Cherokee Street.

20. FILED JUL 22 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7/16/37, 19... to 7/21/37, 19...
I last saw him alive on 7/21/37, 19... Death is said

to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of floor of mouth. Date of onset ?
Cervical metastasis.

Other contributory causes of importance: Massive atelectasis, atelectasis.

Name of operation Radical hysterectomy Date of 7/21/37
What test confirmed diagnosis? Biopsy 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 1
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Roger C. Martin M. D.
(Address) Barnard Hospital

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.

1-2903

