

FEB 12 1938

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

2
1
354
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. 3515 So. Grand Registered No. **210**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ferdinand Bauer 600

(a) Residence, No. 3515 So. Grand St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Martha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mech. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

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

FATHER 13. NAME David Bauer **b**

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Martha Bauer
3515 So. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Jan. 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle
3634 Gravois Ave

20. FILED JAN 7 1938 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1936, to Jan. 5, 1938

I last saw him alive on Jan. 4, 1938 Death is said to have occurred on the date stated above, at 9:30a.

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

Chronic Myocarditis
Sensitivity
None Known

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NEE.
If so, specify

(Signed) James J. Hester M. D.
(Address) 3515 S. Grand Bl.

This form should be stated EXACTLY. PHYSICIANS should state exact terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Nyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. 2645 or by, Registered Apprentice No.
working under my personal supervision.

Signed Frank J. Nyland
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)