

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FILING OFFICERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 16 1938

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

Do not use this space. 0

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 96
 Township Cornwell Primary Registration District No. 12
 City St. Louis Co (No. Dr. W. Rose Jant) St. _____ Ward _____

2. FULL NAME Leona Bauer 600
 (a) Residence, No. 554 North 30th St., _____ Ward. East St. Louis Ill.
 (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.

4153

File No. _____
 Registered No. 195
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1911

7. AGE YEARS 26 MONTHS 5 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Illinois

FATHER

13. NAME Marcel Bauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloodsdele Mo.

MOTHER

15. MAIDEN NAME Virginia Grillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis, Mo.

17. INFORMANT Marcel Bauer (ADDRESS) 554 30th East St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis DATE Jan 31, 1938

19. UNDERTAKER Dr. J. J. ... Co. (ADDRESS) East St. Louis, Ill.

20. FILED 29 1938 10 W. M. ... Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1937 to Jan. 29 1938
 I last saw him alive on Jan. 28 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1936

Other contributory causes of importance:
Tuberculous Meningitis Jan 22, 1938

Name of operation None Date of None
 What test confirmed diagnosis? Gen. X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John J. Bauer Resident, M. D.
 (Address) 702 St. Regis Sanatorium St. Louis, Mo.

