

REC'D JUL 12 1938

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

19959  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City of St. Louis (d) Street No. De Paul Hospital St.  
(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.

Registration District No. 791

Primary Registration District No. 1008

Registered No. 5098

2. PRINT FULL NAME

(a) Residence, No. 1919 Warren Street St. 26 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife of August

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) St. Louis, Missouri

FATHER 13. NAME David Bauer

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

MOTHER 15. MAIDEN NAME Elizabeth ?

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

17. INFORMANT (ADDRESS) David Hoerr  
6251 Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 6/4/38

19. FUNERAL DIRECTOR (ADDRESS) A.W. McLaughlin  
2301 Lafayette Avenue

20. FILED IN 3 1938 J. F. Bredeek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29 1938 to June 2, 1938  
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 4:50 A.M.

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

Acute Bronchial Pneumonia  
Diabetic Mellitus  
Cerebral Hemorrhage  
Unobstructed Heart

Other contributory causes of importance:

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?  
If so, specify .....  
(Signed) J. F. Bredeek M. D.  
(Address) 2206) Howard St.

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.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3623  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed L. R. Cooper  
Licensed Embalmer No. 3623

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