REC'D FEB 10 1939

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

299
Do not use this space.

791

1. PLACE OF DEATH
(a) County 2 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 299
(c) City St. Louis (d) Street No. 4025 Magnolia Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 600 Edward J. Baur
(a) Residence, No. 4025 Magnolia Ave St. 17
(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: Emma Baur
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11 1868
7. AGE: YEARS 70 MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Secretary & Treas
9. Industry or business in which work was done, as saw mill, bank, etc.: Medart Co
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): Missouri

FATHER
13. NAME: Louis Baur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Amelia Nulsen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cinncinnati Ohio

17. INFORMANT (ADDRESS): Mra Emma Bauer, 4025 Magnolia Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE January 10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Peetz Brothers, 5029 Lafayette Ave
20. FILED JAN 9 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1939, to Jan 8, 1939
I last saw him alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 10:20 m P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach (Pyloma) — Date of onset

Other contributory causes of importance:

Name of operation: Gastro-enterostomy Date of approximately 3 mo ago
What test confirmed diagnosis? 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?
If so, specify
(Signed) [signature] M. D.
(Address) 203 Bowman Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

Do Newyelcomer
3780 Washington
2-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ..., or by Me

Registered Apprentice No. 2245, working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address .....

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.)

If this body is not embalmed, above space should be left blank.