

DEC'D APR 21 1939

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

12693

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
(b) Township Union Primary Registration District No. 16182 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME

(a) Residence, No. 600 Mary B. Bayer St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>mar 29 1857</u>		
7. AGE <u>82</u>	YEARS <u>1</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		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) <u>ald mines mo</u>		
13. NAME <u>Ferdinand Bayer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ald mines mo</u>		
15. MAIDEN NAME <u>Mary Dechert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ald mines mo</u>		
17. INFORMANT <u>Bess of Bayer</u> (ADDRESS) <u>ald mines mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ald mines</u> DATE <u>Feb 8 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sparks</u> <u>Peters mo</u>		
20. FILED <u>Mar 1 1939</u> <u>G. T. Casner</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1939, to 2-7, 1939

I last saw her alive on 2-4, 1939 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:
Influenza -
Lobar pneumonia -

Date of onset _____

Other contributory causes of importance: || w

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Joseph L. Thurman M. D.
(Signed) Peters mo
(Address) 808 (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X14023

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 _____

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

Signed _____

Licensed Embalmer No. _____

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.