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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5131

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1961

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 8119 Reilly Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 600 Florence Bayer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William H. Bayer

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September (Month) 21 (Day) 1900 (Year)

8. AGE: Years 39 ~~40~~ Months 5 Days ~~4~~ If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 9

11. Industry or business

FATHER
12. Name Michael Cromley 0
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Payon
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant William H. Bayer
(b) Address 8119 Reilly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J. J. Imbierowicz
(b) Address 5401 S. Grand Blvd

19. (a) FEB 27 1940 (Date received local registrar) (b) J F Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25, year 1940 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from February 21, 1940 to February 25, 1940; that I last saw her alive on February 25, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)

Address 1515 Lafayette, Date signed 2/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edward F. Bockhorst, Registered Apprentice No. _____ working under my personal supervision.

Signed Edward F. Bockhorst

Licensed Embalmer No. 2507

P. O. Address Clayton Mo

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

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