7454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9332

Registration District No. 791 Primary Registration District No. 1003. Registrar's No. 2815

1. PLACE OF DEATH:

(a) County

(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 6 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1902 Cora Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Frank Bayer

3. (b) If veteran, name war

3. (c) Social Security No. 489-07-8161

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Bayer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January (Month) 9 (Day) 1881 (Year)

8. AGE: Years 59 Months 2 Days 16. If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stock Man

11. Industry or business

FATHER
12. Name Thomas Bayer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Stick
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Anna Bayer
(b) Address 1902 Cora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Sts. Peter & Paul

18. (a) Signature of funeral director Stroot-Carroll Und. Co
(b) Address 4600 Natural Bridge Ave

19. (a) MAR 26 1940 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25, year 1940 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1940, to March 25, 1940 that I last saw him alive on March 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Hypertension	years
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 Walter Ford (M. D. or other)
Address 1515 Lafayette, Date signed 3/25/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 I X19511

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 Frank H Stout

Licensed Embalmer No. 2265

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.