

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33835Registration District No. 791Primary Registration District No. 1003Registrar's No. 85202

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4130 Nebraska Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME THERESA BAYER

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rudolph Bayer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business _____

12. Name Dont Know.13. Birthplace Dont Know.
(City, town, or county) (State or foreign country)14. Maiden name Dont Know.15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Louis Stroback(b) Address 4130 Nebraska Ave.17. (a) Burial (b) Date thereof Oct. 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director J. N. Gebken & Co.(b) Address 2842 Meramec St.19. (a) OCT 15 1940 (b) _____
(Date of local registration) (Signature of local registrar)

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. 4130 Nebraska Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1940 hour 11 minute 15 A. M.21. I hereby certify that I attended the deceased from 5-9- 1940 to 10-14 1940;
that I last saw her alive on 10-11 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration ?

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. N. Gebken (M. D. or other) MDAddress 3616 S. Burley Date signed 10-15-40

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.....

Joseph S. Benz

....., Registered Apprentice No. **218**

working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. **2120**

2842 Meramec St.

P. O. Address..... **St. Louis, Mo.**

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.