

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

6813

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>D.O.A. Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital, D.O.A.</u>		Length of stay in 1b	d. STREET ADDRESS <u>7238 Pershing</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Michael</u> Last <u>Bayer</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>31</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 11, 1907</u>	9. AGE (In years last birthday) <u>49 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dist. Sales Mgr. Magic Chef Corp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Europe</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
13. FATHER'S NAME <u>Peter Bayer</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>276-05-0478</u>		17. INFORMANT Address <u>Mrs. Frances Cooper 7238 Pershing</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Two penetrating gunshot wounds of head (.22 calibre) with extensive brain damage, of homicidal pattern most probably.</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Open Verdict</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gunshot wounds of head suffered in his home, fired from a pistol allegedly in the hands of his son JAMES.</u>		
20c. TIME OF INJURY Hour <u>3:15</u> Month <u>KK</u> Day <u>1/31/57</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>bedroom of home</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>University City</u>		COUNTY <u>St. Louis</u> STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Raymond L. Harris</u> Coroner			22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>2/6/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Feb. 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cleveland, Ohio</u>
24. FUNERAL DIRECTOR <u>Gleason & Son 6175 Delmar</u>			25. DATE RECD. BY LOCAL REG. <u>2-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Domb</u>	

(Licensed Embalmer's Statement on Reverse Side)

00 56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

89.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by; Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Gas. E. McCulloch

Licensed Embalmer No. 24

P. O. Address 61758

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.