

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

1 PLACE OF DEATH

County Jackson  
Township Kaw  
Village Kansas City, Mo.  
City NO 4247 Windsor St.

899

Registration District No. 1002 File No. 34498

Primary Registration District No. \_\_\_\_\_ Registered No. 3300

2 FULL NAME

August Bauer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Oct 17 1861  
(Month) (Day) (Year)

AGE 55 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION Trade, profession, or particular kind of work Merchant

b) General nature of industry, business, or establishment in which employed (or employer) Lithographing

BIRTHPLACE (City or town, State or foreign country) Ills

10 NAME OF FATHER Lenord Bauer

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland

12 MAIDEN NAME OF MOTHER Hessie Habersant

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 21 1916 to Oct 24 1916, that I last saw him alive on Oct 24 1916 and that death occurred, on the date stated above, at 9:55 pm.

The CAUSE OF DEATH\* was as follows:  
Abscess of Lung

CONTRIBUTORY (Secondarily) Infection in foot  
(Duration) yrs. mos. 15 ds.

(Signed) John L. Robinson M. D.  
Oct 25 1916 (Address) 502 Altman Bldg

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 3 yrs. mos. ds. In the 48 State yrs. mos. ds.

Where was disease contracted if not at place of death? Kansas City, Mo  
Former or usual residence. Summerville Ills

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hess August Bauer  
(Address) 4247 Windsor

19 PLACE OF BURIAL OR REMOVAL St Washington DATE OF BURIAL Oct 26 1916

20 UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

OCT 25 1916  
Filed \_\_\_\_\_, 1916  
Registrar John A. Miller

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

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**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## 1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE  
A FEE FOR CERTIFICATES UNTIL THEY  
ARE COMPLETED AS PRESCRIBED BY  
LAWCounty  
City  
Village  
or  
City

Registration District No. 399

File No.

Primary Registration District No. 1004

Registered No. 3558

2 FULL NAME August Bauer

[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

16 DATE OF DEATH Oct 24 1916  
(Month) (Day) (Year)6 DATE OF BIRTH  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from  
1916, to 1916  
that I last saw him alive on 19167 AGE  
If LESS than 1 day, hrs. or min.?  
yrs. mos. ds.

and that death occurred, on the date stated above, at m.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:

9 BIRTHPLACE  
(City or town, State or foreign country)Abscess of Lung  
Infection in foot  
(Duration) yrs. mos. ds. 15 ds.

10 NAME OF FATHER

CONTRIBUTORY Infection in foot  
(Secondary) due to infection from puncture on foot  
(Duration) yrs. mos. ds. 30 ds.11 BIRTHPLACE OF FATHER  
(City or town, State or foreign country)(Signed) J. A. Robinson M. D.  
Oct 25, 1916 (Address) 502 Atlantic

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address)

Where was disease contracted if not at place of death?

Former or usual residence

15 Filed Oct 25 1916 J. H. P. Guillet Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1916

20 UNDERTAKER ADDRESS

Original file, date, 1916

All information called for must be written on this Supplementary Certificate.

OCT 1916

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.

SUPPLEMENTARY INFORMATION SUPPLIED

# Revised United States Standard Certificate of Death

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