FEB 23 19[illegible]

95
2
2

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

Do not use this space.

3260

1. PLACE OF DEATH STE. GENEVIEVE
County ..... Registration District No. 780 ..... File No. .....
Township ..... Primary Registration District No. 4466 ..... Registered No. 4
City Ste. Genevieve (No. ....., ... St. ..... Ward)

2. FULL NAME Mildred Martha Bauman
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Leonard Bauman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Weingarten
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Martha Schuler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weingarten
(STATE OR COUNTRY) Missouri

14. INFORMANT Leonard Bauman
(Address) Ste. Genevieve Mo

15. FILED Jan 16 1929 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929 to Jan 16, 1929 that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Icterus Neonatorum
Hemophilia
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) [illegible], M. D
Jan 16 1929 (Address) Ste Genevieve Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Weingarten Mo
DATE OF BURIAL Jan 17 1929

20. UNDERTAKER John Basler Ste. Genevieve Mo
ADDRESS

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.