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

Do not use this space.

35293

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1062 Registered No. 10033

City St Louis Mo (No. St Anthony Hosp ..... St. ..... Ward)

2. FULL NAME Elizabeth Bauer

(a) Residence. No. Kimmswick Mo St., 16 Ward. Kimmswick Mo (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben Bauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 18 1869

7. AGE: Years 60 | Months 0 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maxville Mo

PARENTS
10. NAME OF FATHER: Wolfgang Steckel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elizabeth Kessler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Maxville Mo

14. INFORMANT: Ben Bauer
(Address) Kimmswick Mo

15. FILED: OCT 1929, 19.. Max C Parker, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to October 11, 1929 that I last saw her alive on October 11, 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
127B
131
93c (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis - 3 years
Cholecystitis (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kimswick Mo.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Sept 6, 1929.
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? physical - clinical - laboratory findings
(Signed) A L Hertel, M.D.
10/12, 1929 (Address) 3608 L Grand Blvd.

*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: Immaculate Conception
DATE OF BURIAL: Oct 15 1929

20. UNDERTAKER: John G Koch
ADDRESS: Fenton Mo

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.