

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

Do not use this space.

22693

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. 316 West Ave)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas C. Bayer
(a) Residence. No. 316 West Ave St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rose Bayer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 3 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>5</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Drug store salesman
(b) General nature of industry, business, or establishment in which employed (or employer). 192
(c) Name of employer. J. R. Russell & Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ernest Bayer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Josephine Kraus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

14. INFORMANT Ernest Bayer
(Address) 3906 Federal Pl. St. Louis, Mo

15. FILED June 22, 1931 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 21 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1930, to June 21, 1931
that I last saw him alive on June 20, 1931, and that death occurred, on the date stated above, at 5:30 - P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage (Rt. side of brain)

CONTRIBUTORY (SECONDARY) Hypertension & arteriosclerosis
(duration) 10 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED? 0
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Hiram L. Lizzitt, M. D.
6/22, 1931 (Address) 3720 Washington 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 Gumbo Cem. Gumbo, Mo DATE OF BURIAL June - 23 - 1931

20. UNDERTAKER Schraeder H. Co ADDRESS Ballwin, Mo

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.

JUL - 8 1931

Johnston
F. Johnston
Johnston