

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

Do not use this space.

10524

1. PLACE OF DEATH

County St. Louis Registration District No. 70L
 Township St. Louis Primary Registration District No. 17003
 City St. Louis (No. 2317 - Saine St.) St. 23 Ward 2588

2. FULL NAME

(a) Residence, No. 2217 - Saine St. St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Gustave Kessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. G. Bauer

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 19 1932

19. UNDERTAKER (ADDRESS) Wagner & Selders

20. FILED May 18 1932 W. C. Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1932 to March 16, 1932

I last saw her alive on March 16, 1932. Death is said to have occurred on the date stated above, at 9 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

131 Chronic Myocarditis
93C
97 / 31 1
 Other contributory causes of importance:
Chronic Interstitial Nephritis
General Arteriosclerosis

Name of operation Clinical Date of
 What test confirmed diagnosis Findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) Dr. B. W. Klippel M. D.
 (Address) 3772A South Broadway.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

