

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

Do not use this space.

14705

1. PLACE OF DEATH

County..... Registration District No. 7911
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.....
Registered No. 4102
St. Ward)

2. FULL NAME

Frank W. Bailer
(a) Residence, No. 5453 Robertson St., 2 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing 170
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist Dealer
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) Kentucky

FATHER 13. NAME Paul Bailer

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

MOTHER 15. MAIDEN NAME Daisy Bolds

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

17. INFORMANT (ADDRESS) Mrs Anna Bailer 5453 Robertson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery DATE April 27 1932

19. UNDERTAKER (ADDRESS) John B. Ziegenhein & Sons 7000 Olive St

20. FILED APR 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25, 1932

22. I HEREBY CERTIFY That I attended deceased from No Physician attended, 1932, to 1932

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 12:25 P.M.

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

Hæmorrhage of Brain (Traumatic) (Date of onset 4/27)
received when an automobile he was driving collided with a light standard at 1800 So. College on the 24th day of April, at 11:30 P.M.

Other contributory causes of importance:

2:10 P.M.
Accident (1)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury 4-25, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collided with Street Car
Nature of injury Hæmorrhage Brain Traumatic

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm V Davis M.D.
(Address) Corvair

Registrar.

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.

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