

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 781 File No. 10245
 Township Beauvoir Primary Registration District No. 6027 Registered No. _____
 City _____ (No. _____) St. _____ (Ward) _____

2. FULL NAME Lawrence P. 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 male 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 Elizabeth Roth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Left hand Palor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill Massachusetts
 13. NAME Bernard Bauman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Caroline Galt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York U.S.
 17. INFORMANT Maxine Bauman
 (ADDRESS) Home care house Mrs
 18. BURIAL, CREMATION, OR REMOVAL PLACE Winesap house Mrs DATE Nov 17 1934
 19. UNDERTAKER W. C. Bester
 (ADDRESS) St. Louis
 20. FILED 3/16 1934 W. H. Thomas
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13 1934, to March 14 1934

I last saw him alive on March 14 1934 Death is said to have occurred on the date stated above, at 9 P m.

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

Apoplexy Date of onset 3/13/34
82
102

Other contributory causes of importance: Essential Hypertension ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) W. H. Thomas, M. D.
 (Address) St. Louis

The following is a list of the names of the persons who were present at the meeting held on the 15th day of May, 1941, at the residence of the defendant, at the address of 10000 Main Street, New York City, New York.

The names of the persons present are as follows:

1. [Name]

2. [Name]

3. [Name]

4. [Name]

5. [Name]

6. [Name]

7. [Name]

8. [Name]

9. [Name]

10. [Name]

11. [Name]

12. [Name]

13. [Name]

14. [Name]

15. [Name]

16. [Name]

17. [Name]

18. [Name]

19. [Name]

20. [Name]

21. [Name]

22. [Name]

23. [Name]

24. [Name]

25. [Name]

26. [Name]

27. [Name]

28. [Name]

29. [Name]

30. [Name]

31. [Name]

32. [Name]

33. [Name]

34. [Name]

35. [Name]

36. [Name]

37. [Name]

38. [Name]

39. [Name]

40. [Name]

41. [Name]

42. [Name]

43. [Name]

44. [Name]

45. [Name]

46. [Name]

47. [Name]

48. [Name]

49. [Name]

50. [Name]

51. [Name]

52. [Name]

53. [Name]

54. [Name]

55. [Name]

56. [Name]

57. [Name]

58. [Name]

59. [Name]

60. [Name]

61. [Name]

62. [Name]

63. [Name]

64. [Name]

65. [Name]

66. [Name]

67. [Name]

68. [Name]

69. [Name]

70. [Name]

71. [Name]

72. [Name]

73. [Name]

74. [Name]

75. [Name]

76. [Name]

77. [Name]

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80. [Name]

81. [Name]

82. [Name]

83. [Name]

84. [Name]

85. [Name]

86. [Name]

87. [Name]

88. [Name]

89. [Name]

90. [Name]

91. [Name]

92. [Name]

93. [Name]

94. [Name]

95. [Name]

96. [Name]

97. [Name]

98. [Name]

99. [Name]

100. [Name]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 781
Township Beauvoir Primary Registration District No. 6027
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME

Laurie C. Bauman

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

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

Apoplexy (Cerebral)
Date of onset

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

Other contributory causes of importance:

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

Name of operation Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME

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

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED

5/10 - 1934 Notiey Thomme
Registrar

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

(Signed) M. D.
(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

10245

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