AUG 30 1937

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

Do not use this space.

File No. 28297

Registered No. 36

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Maplewood (No. 2205 Blendon Place St. Ward)

Registration District No. 786
Primary Registration District No. 4469

2. FULL NAME Donald Lee Bauer

(a) Residence, No. 2205 Blendon Pl. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1933

7. AGE: Years 3 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Joseph Bauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Helen Gremmler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Joseph Bauer 2205 Blendon Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 21, 37

19. UNDERTAKER (ADDRESS) Croghan Fund Co. 7146 Manchester Ave.

20. FILED Aug 4, 1937 Pauline Brettenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to July 19, 1937

I last saw h. alive on July 18, 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

	Date of onset
Malignant Tumor 4th Ventricle (Medullo Blastoma)	July 1935

Other contributory causes of importance:

(By Dr. P. Klemme)

Name of operation Brain Tumor Rem. Date of June 1937

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) T. R. Usher, M. D.
(Address) 2816 Sutton Ave Maplewood, 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.