

DEAD SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
27479
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City ST LOUIS MO (d) Street No. ENROUTE TO CITY HOSPITAL FROM 107 VICTOR St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 7493

2. PRINT FULL NAME

CHRIST BAUER
 (a) Residence, No. 1322 SHENANDOAH St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 AGNES BAUER
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 15, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HUCKSTER
 9. Industry or business in which work was done, as 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 PETER BAUER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANYMOTHER 15. MAIDEN NAME ANNA (UNKNOWN)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) MRS AGNES BAUER
1322 SHENANDOAH18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW SS PETER + PAUL DATE AUG 24 193819. FUNERAL DIRECTOR (ADDRESS) MUNNEN BROS.
4259 LINDELL20. FILED AUG 23 1938 J. B. Brudek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____, Mo., _____.

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

445
Repture of heart
with pericarditis
(Mrs. Fournelle)
 Date of onset

Other contributory causes of importance:

Chronic Myocarditis
and arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes23. 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? 4
 If so, specify _____(Signed) Chas J Perry M.D.(Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed James R Fenwick

Licensed Embalmer No. 3793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)