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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

1939 OCT 1 1939 91

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31204

Registrar's No. 8267

Registration District No. 1002

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution City Hospital, #1
(d) Length of stay: In hospital or institution 10 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2617 Natural Bridge Ave
(e) If foreign born, how long in U. S. A. years.

8. (a) PRINT FULL NAME Louis Bayer

8. (b) If veteran, name war
8. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gussie
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 12 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 14
If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

12. Name Henry Bayer

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Gauscher
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Louis Bayer

(b) Address 2617 Natural Bridge Ave

17. (a) Removal (b) Date thereof 9/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jesererville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Bl.

19. (a) SEP 26 1939 (b) J. P. ... (Registrar's signature)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,
year 1939 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from September 16, 1939, to September 25, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Liver Carcinoma of
Due to Cirrhosis of liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HO

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify special place)
(e) Means of injury

23. Signature Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Guy W Wilkinson

Licensed Embalmer No.

3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.