

No. 300  
10-1-50

FILED JUL 5 1950

STANDARD CERTIFICATE OF DEATH

22309

State File No.

Registrar's No. 1472

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>357 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		2209
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETS ADMIN HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>2535 W. Hebert Street</b>		

3. NAME OF DECEASED (Type or Print) <b>HARRY H. BAYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 11, 1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-24-95</b>	9. AGE (In years less birthday) <b>54</b>	# UNDER 1 YEAR <b>7</b>	# UNDER 10 MIN. <b>17</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>ILLINOIS /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JACOB BAYER</b>		13b. MOTHER'S MAIDEN NAME <b>KEETEEY (MAIDEN NAME UNK.)</b>		14. NAME OF HUSBAND OR WIFE <b>AGNES BAYER</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	16. SOCIAL SECURITY NO. <b>394148972</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSP. RECORDS, JEFF. BRKS, MO.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>SPONGEOGENIC CARCINOMA (POST PNEUMONECTOMY &amp; POST THORACOPLACTY)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <b>7-5-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>METASTATIC NODES CONTAINED TUMOR</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>162X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **6-20-49**, 19\_\_\_\_, to **6-11-50**, 19\_\_\_\_, and that death occurred at **5:55 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stilwell M.D.</b> (Degree or title)		23b. ADDRESS <b>VAH, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>6-12-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 15, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
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DATE REC'D BY LOCAL REG. <b>6-13-50</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KRIEGSHAUSER UNDERTAKING COMPANY</b>			
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000  
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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 \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Edwin M. Bernatt*  
Licensed Embalmer No. *3024*

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, fact should be so stated above.