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.

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

JUN 2 8 1935

Do not use this space.

17602

File No.

Registered No. 26

1. PLACE OF DEATH
County St. Genevieve Registration District No. 780
Township Jackson Primary Registration District No. 6028
City Bloomsdale (No. Bloomsdale St. Ward)

2. FULL NAME Charles Bayer
(a) Residence, No. Bloomsdale St., Ward. Bloomsdale
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) not known Missouri

FATHER
13. NAME — — Bayer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Germany

17. INFORMANT Caroline Bayer
(ADDRESS) Bloomsdale, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Philomena DATE 5-15 1935

19. UNDERTAKER Southern Undt. Co.
(ADDRESS) 6322 D. Broad - St. Louis

20. FILED May 14, 1935 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to May 13, 1935
I last saw him alive on May 11th, 1935. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1920
Other contributory causes of importance: Apoplexy	5-9-35

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) Arthur E. Seyfarth, M. D.
(Address) Ste Genevieve Mo