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.

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

Do not use this space.

31655

1. PLACE OF DEATH

County St L

Registration District No. 791

Township St Louis

Primary Registration District No. 1003

City St Louis (No. Isolation Hospital St. Ward)

File No.

Registered No. 8995

2. FULL NAME Simon Bayer

(a) Residence. No. 416 Filmore St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 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 — ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-11-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
71	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 59
(b) General nature of industry, business, or establishment in which employed (or employer) 101 R
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Vincent Bayer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Elizabeth Ruttler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Leo Warner
(Address) 416 Filmore

15. FILED OCT -9 1927 Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-9 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1927, to Oct-9, 1927

that I last saw him alive on Oct 9, 1927, and that death occurred, on the date stated above, at 12:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Face ? years

Erysipelas of Face 7 days

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not Known

DID AN OPERATION PRECEDE DEATH? Yes DATE OF About Sept-20-1927 Barnard Skin + Cancer Hosp

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo H Garrison, M.D.

, 19 (Address) Isolation Hos-

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bloomsdale Mo	Oct 10 1927

20. UNDERTAKER	ADDRESS
C Hoffmeister U. & Co.	7814 S. Bdwy

O.K. Edwards