

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

Do not use this space.

FEB 26 1937

872

1. PLACE OF DEATH

County Franklin.
 Township
 City Washington, Mo. (No. , St. Ward)

Registration District No. 297
 Primary Registration District No. 3016

File No. _____
 Registered No. 3.

2. FULL NAME August Bauche.

(a) Residence, No. 334 High, Washington, Mo. St., 3rd Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 6 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13th, 1937.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Emma Bauche.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 - 1934 to Jan. 13 - 1937

I last saw him alive on Jan. 13 - 1937 Death is said to have occurred on the date stated above, at 3:15 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th, 1863.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 11 6

Chronic Endocarditis Date of onset unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter. 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) 1930. 11. Total time (years) spent in this occupation 6.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Fork, Missouri.

13. NAME William Bauche.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Germany.

17. INFORMANT (ADDRESS) Miss Dora Bauche, 334 High St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven, Mo. DATE Jan. 16th, 1937.

19. UNDERTAKER (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED Jan. 14 - 1937 H. A. May Registrar.

Other contributory causes of importance:
Abdominal tumor - character not known - very probably carcinoma of descending colon

Name of operation None Date of _____
 What test confirmed diagnosis? Cholesterol 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?
 If so, specify _____
 (Signed) H. A. May, M. D.
 (Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

