

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City St. Louis Mo. (No. St. Luk. es. Hospital) St. Ward)
File No. **22214**
Registered No. **5966**

2. FULL NAME Oscar F.C. Bausch

(a) Residence, No. 6353 Washington Blvd. S. St. N.R. Ward. U. City Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor S. Bausch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 20. 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Sales man.

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

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) Hall Germany

13. NAME Bernard Bausch

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

15. MAIDEN NAME Emilie Bender

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

17. INFORMANT (ADDRESS) Eleanor Bausch 6353 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhala Crematory 6-19-37

19. UNDERTAKER (ADDRESS) Alvander & Sons 6175 Delmar Blvd.

20. J. F. Bredeck Registrar.

No Physician's Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Quarrel Skull suffered when he jumped from a window in the Laboratory on the fourth floor, of St. Lukes Hospital to the

Other contributory causes of importance:

Concrete driveway on June 18, 1937 at about 6:20 P.M. while suffering from temporary mental

Name of operation Quarrel Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 6/18/37

Where did injury occur? St. Lukes Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. U. 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) Joseph M. Quinn M.D.
(Address)

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.

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