

APR 25 1939  
 APR 25 1939

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

16094  
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284  
 (b) Township 1 Primary Registration District No. 200 Registered No. 748  
 (c) City Manchester, Mo. (d) Street No. Manchester Nursing Home St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Bauchens

(a) Residence, No. 2332 Louisiana Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Fred D. Bauchens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Germany 6

FATHER 13. NAME Frank Emig 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Unknown 7  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fred D. Bauchens  
 (ADDRESS) 2625 Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton, Ill. DATE Apr. 27, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
 (ADDRESS) 2331 S. Broadway

20. FILED APR 25 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939 to Apr 25, 1939  
 I last saw her alive on Apr. 23, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 4-22-39  
107a  
 Other contributory causes of importance:  
Arteriosclerosis 3-21-39  
Semility 3-21-39

Name of operation \_\_\_\_\_ 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? No 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Meyer, M. D.  
 (Address) 1128 1/2 Hamilton

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

**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, .....

*Robert C. Wheeler*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No. ....

*2128*

P. O. Address.....

*St. Louis Mo*

**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, above space should be left blank.**