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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 21655

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5945

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one hour (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5654 Etzel Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rudolph H. Bauchens

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-3130

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora H. Bauchens.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 5, 1875. (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Trenton, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business

MOTHER FATHER

12. Name Fred Bauchens,

13. Birthplace Trenton, (City, town, or county) Illinois. (State or foreign country)

14. Maiden name Catherine Emig.

15. Birthplace (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs Dora H. Bauchens.

(b) Address 5654 Etzel Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-1945. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JUL 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th. year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-14-, 1943 to July 5th, 1945, that I last saw him alive on 7-4-45, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Strangulation	2 day
Due to Carcinoma of Rectum	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Intestinal Strangulation	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature Geo. A. Mullen (M. D. or other)

Address 2739 N. Grand Date signed 7-7-45

Dr. Geo. Mellies.
2739 N. Grand.
Hours 12 to 2 P.M.
Telephone 3826.

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

Signed Ru E Campbell

Licensed Embalmer No. 3881

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, fact should be so stated above.