No. 300
10.48

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28943

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2024

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 27 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 MASON AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 58 WEBSTER GROVES 4587
d. STREET ADDRESS (If rural, give location): 102 MASON AVE

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) MAUDE c. (Last) BAUSCH

4. DATE OF DEATH (Month) (Day) (Year): AUG 23 - 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 8 - 1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): COLLINSVILLE ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEO. F. CARRUTHERS
13b. MOTHER'S MAIDEN NAME: HATTIE BARROWMAN
14. NAME OF HUSBAND OR WIFE: ROBERT BAUSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Harriet Bausch Godwin — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystic adeno carcinoma of — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ovary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 175 X — 175 X

19a. DATE OF OPERATION: 1/18/45 and 9/8/49
19b. MAJOR FINDINGS OF OPERATION: Cystic adeno carcinoma of ovary
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/17/ *, 1950, to* 8/23 *, 1950, that I last saw the deceased alive on* 8/22 *, 1950, and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Gradnick M.D.
23b. ADDRESS: 19 E. Lockwood Ave Webster Groves Mo
23c. DATE SIGNED: 8/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-25-1950
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: 8-24-50
REGISTRAR'S SIGNATURE: Herbert R Danke M D Parker
25. FUNERAL DIRECTOR'S SIGNATURE: Aldrich Fun. Home — ADDRESS: Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.