No. 300
10.48

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

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38256
Registrar's No. 9635

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 003

1. PLACE OF DEATH
a. COUNTY 318
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res: 4402 McPherson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2199
d. STREET ADDRESS (If rural, give location) 4402 McPherson Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First) FREDERICK b. (Middle) A. c. (Last) BAUCHENS

4. DATE OF DEATH (Month) Nov, (Day) 12 (Year) 1950.

5. SEX Male. 0

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. /

8. DATE OF BIRTH July 19 1870

9. AGE (In years last birthday) 80 | 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) Retired; Gen.Passenger Agnt.Penn.R.R.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salem, Illinois. /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Bauchens.

13b. MOTHER'S MAIDEN NAME Pauline Schode.

14. NAME OF HUSBAND OR WIFE Sallie Cross Bauchens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs.Sallie C. Bauchens;4402 McPherson Ave.

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) Broncho Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis General — unknown
DUE TO (c) /

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Tumor Lung (Carcinoma) — about 18 months

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

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? $500

22. *I hereby certify that I attended the deceased from* 12/12 1938, *to* Nov 12, 1950, *that I last saw the deceased alive on* Nov 12, 1950, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert S. Warner (Degree or title) MD

23b. ADDRESS Paul Brown Bldg

23c. DATE SIGNED Nov 13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 0

24b. DATE 11-14-1950

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum

24d. LOCATION (City, town, or county) (State) St.Louis Co. Mo.

DATE REC'D BY LOCAL REG. NOV 13 1950

REGISTRAR'S SIGNATURE J. B. Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R.Lupton & Sons, 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1956

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.