

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13768
Registrar's No. 3520

318

1003

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

| | | | | | | | |
|---|-------------------------------|---|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>3520</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>5203 Ridge St., St. Louis</u> Mo. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Sherman</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>49 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hazard Twp.</u> | | <u>8260</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5203 Ridge Ave</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Johannah</u> | | | b. (Middle) <u>Marie</u> | | c. (Last) <u>Bausch</u> | | 4. DATE OF DEATH (Month) <u>4</u> (Day) <u>14</u> (Year) <u>51</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Aug. 22, 1879</u> | | 9. AGE (in years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Carl de la Motte</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Koll</u> | | 14. NAME OF HUSBAND OR WIFE <u>Richard Bausch</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. G. Eisenman</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HO</u> | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>581.0</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb. 25, 1951, to Apr. 14, 1951</u> , that I last saw the deceased alive on <u>Apr. 14th, 1951</u> , and that death occurred at <u>12:15 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. H. C. Bartlett, Jr.</u> (Degree or title) | | | | 23b. ADDRESS <u>1382 Union, St. Louis, Mo</u> | | 23c. DATE SIGNED <u>4/14/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4/14/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ravenna Neb.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ravenna Neb.</u> | | |
| DATE REC'D BY LOCAL REG. <u>APR 18 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lauder</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral, 1905 Union Blvd.</u> ADDRESS _____ | | | |

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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 Warren R. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

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.