

FILED JUN 9 1951

STANDARD CERTIFICATE OF DEATH

1003 State File No. 17806
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4723

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBILE ALA 2149 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | d. STREET ADDRESS (If rural, give location) 14 4322 Dardenne Drive 0 | |

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|--|-----------------------|---|--|--|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) Bauman c. (Last) N | | | 4. DATE OF DEATH (Month) (Day) (Year) May 20, 1951 | | |
| 5. SEX Female | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH OCT 10 1895 | | 9. AGE (In years last birthday) 54 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Widowed | | 11. BIRTHPLACE (State or foreign country) MAYES TOWN 16L. | |
| 13a. FATHER'S NAME WILLIAM BLADT | | | 13b. MOTHER'S MAIDEN NAME MARY BRAUCH | | |

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|--|--|---------------------------------------|--|---|--|---|--|
| 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. 495-28-649 | | 17. INFORMANT'S SIGNATURE OR NAME JOHN BLADT | | 14. NAME OF HUSBAND OR WIFE ADDRESS 4322 DARDENNE | |
|--|--|---------------------------------------|--|---|--|---|--|

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF BREAST WITH GENERALIZED METASTASES | | INTERVAL BETWEEN ONSET AND DEATH 9 YEARS |
| | 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 | |

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|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to 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? 110X | |

22. I hereby certify that I attended the deceased from May 5, 1951, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE C.O. Vermillion M.D. | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED May 20, 1951 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 5-23-51 | | 24c. NAME OF CEMETERY OR CREMATORY TARKLAWN Cem. | |
| | | | | 24d. LOCATION (City, town, or county) (State) ST Louis, Mo. | |

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|---|--|--|--|---|--|------------------------|--|
| DATE REC'D BY LOCAL REG. MAY 21 1951 | | REGISTRAR'S SIGNATURE J. B. Frazier | | 25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN BROS | | ADDRESS 2849 Euclid | |
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gustav Deterle

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

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.