

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5977**

FILED FEB 24 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1035**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 2 Wks	a. STATE Missouri b. COUNTY St Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN Mehlville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Karl	b. (Middle) Fredrick	c. (Last) Bausch	(Month) Jan (Day) 30 (Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 26 1901
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 1 HR. Hours 0 Min. 4	12. CITIZEN OF WHAT COUNTRY? U S A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest	10b. KIND OF BUSINESS OR INDUSTRY Albro Mfg Co.	11. BIRTHPLACE (City and State or Foreign Country) Germany	
13a. FATHER'S NAME Joseph Bausch	13b. MOTHER'S MAIDEN NAME Rosina Fischer	14. NAME OF HUSBAND OR WIFE Aneta Bausch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-058950	17. INFORMANT'S SIGNATURE OR NAME Mrs Aneta Bausch ADDRESS Rt 11 Box 836 Mehlville	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS		1 HOUR
		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		2 YEARS
		Conditions contributing to the death but not related to the disease or condition causing death		
		HEART DISEASE, ETIOLOGY UNDETERMINED - MANIFESTED BY CARDIAC HYPERTROPHY & DILATION, PULMONARY EDEMA, HYPOVENTILATION AND AURICULAR FIBRILLATION		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from **APRIL 12, 1954**, to **JAN 30, 1955**, that I last saw the deceased alive on **JAN 30, 1955**, and that death occurred at **10:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Agnes V. Henschel, M.D.	23b. ADDRESS 6200 Hoffman Ave	23c. DATE SIGNED 2/1/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 3rd 1955	24c. NAME OF CEMETERY OR CREMATORY St Trinity Cem.
	24d. LOCATION (City, town, or county) (State) Lemay 25, Mo.	

DATE REC'D BY LOCAL REG. OFF. FEB 3 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ms Fey	ADDRESS Funeral Home, Mehlville Mo.
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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.....
Signature of Student Embalmer

Signed *Elmo R. Jackson*.....

Licensed Embalmer No. *407*.....

P. O. Address *Id. Tex*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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