

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045406

STATE FILE NUMBER

318

1003

11689

FILED JAN 6 1959

Registration District No. _____ Primary Registration District No. _____

S. 300
1-57

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS (If outside, give location) 102 Mason	
Length of stay in 1b 4 Days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle BAUSCH Last _____			4. DATE OF DEATH Month 12 Day 2 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-12-1864
9a. AGE (In years last birthday) 94		9b. UNDER 1 YEAR Months _____ Days _____	9c. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done outside of working life, even if retired) Optician		10b. KIND OF BUSINESS OR INDUSTRY Erker Optical	11. BIRTHPLACE (City and state or country) Rochester N.Y.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Bausch		13b. MOTHER'S MAIDEN NAME Amelia Peche	
14. NAME OF HUSBAND OR WIFE Hattie Maude Bausch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-18-7103	
17. INFORMANT Address Mrs. Harriet Godwin 102 Mason			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 1936
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic-brain syndrome			3 yrs.
DUE TO (c) Arterio-Sclerosis 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Over 10 years , to _____ and last saw him ^{her} live on 12-2-1958 Death occurred at 7:40 pm 12-2-1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. C. Godwin, M.D.</i>		22b. ADDRESS 19 E. Lockwood Webster Groves Mo.	
22c. DATE SIGNED 12/3/1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-1958	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo.		25. DATE RECD. BY LOCAL REG. DEC 4 '58	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

Signature of 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 *Lillie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Helena, Montana*

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.