

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38565

State File No. _____
Registrar's No. **9680**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9680	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3860 DE TONTY ST				d. STREET ADDRESS (If rural, give location) 17-3860 DE TONTY ST			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) CLARA	b. (Middle) ELIZABETH	c. (Last) BUZZELL	Month NOV	Day 8	Year 1949	Female	WHITE
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
WHITE		WIDOWED		SEPT 20 - 1870		79 1 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)	
HOUSE WORK			AT HOME			LUMBARD ILL	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
JACQUES SWYDER		MARY ANN DELMAR		BERTRAND BUZZELL - DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
		NONE		Ada M. Buzzell 3860 De Tonty St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis					
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis +					
		DUE TO (c) Hypertension					9
		II. OTHER SIGNIFICANT CONDITIONS Pernicious Anemia					9
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		102	
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?			
				16-11-11 X			
22. I hereby certify that I attended the deceased from 1940 , 19___, to 1949 , 19___, that I last saw the deceased alive on 7-27 , 19 49 , and that death occurred at 2 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED		
W. H. Olmsted M.D.			3720 Washington		11/9/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
BURIAL		NOV-10-1949	MEMORIAL-PARK-CEM.		ST-LOUIS MO		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
NOV 10 1949		J. B. Lassiter			Wm. J. Robert Linn + Wm. Co 1515 S. Grand Blvd		

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

10/1

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
Student Embalmer

Signed Ronald O. Yaloke

Licensed Embalmer No. 3917

P. O. Address St Louis, Mo.

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.