

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6048

State File No. 1023

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		<u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 6151 Waterman Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>6151 Waterman Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ASHER</u>		b. (Middle) <u>WILSON</u>		c. (Last) <u>BUCK.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan'y 29, 1950.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 16, 1876.</u>	
9. AGE (In years last birthday) <u>73.</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Manufacturer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Surfaseal Co.,</u>		11. BIRTHPLACE (State or foreign country) <u>Lapeer, Michigan.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Isaac Buck.</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown).</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian Rae Buck.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stuart A. Buck. 9524 Plainfield Dr.,</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Dis</u> DUE TO (c) <u>arteriosclerosis - obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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) <u>St. L</u> <u>Mo</u> <u>Mo</u>		21f. HOW DID INJURY OCCUR? <u>17210</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Jan. 25, 1950</u> , to <u>Jan 29, 1950</u> , that I last saw the deceased alive on <u>Jan. 29, 1950</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry Rosenfeld</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3903 Olive St</u>		23c. DATE SIGNED <u>Jan. 31, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>		24b. DATE <u>Feb'y 1/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory..</u>		24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons. 7233 Delmar Blv'd.,</u>			

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

Dr Herman Rosenfeld.
3903 Olive Street,
FR: 0666.
Hrs: 9.00 - 3.00 P.M.

1003

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: *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.