

S. No. 300
V. 10-48

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9754**
2706
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chester	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 509 White avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) M. c. (Last) Buck			4. DATE OF DEATH (Month) (Day) (Year) 3 19 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-13-1885	9. AGE (In years last birthday) 67	10. CITIZENRY OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Altenburg, Mo.	

13a. FATHER'S NAME Gottlieb Buck		13b. MOTHER'S MAIDEN NAME Pauline Oehlert		14. NAME OF HUSBAND OR WIFE Golda Wills Buck	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Golda Buck, Chester, Illinois	

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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with metastases in liver and pancreas		
	ANTECEDENT CAUSES in liver and pancreas DUE TO (b) ----- DUE TO (c) -----		
II. OTHER SIGNIFICANT CONDITIONS Diverticulum of the jejunum			

19a. DATE OF OPERATION 1/21/52		19b. MAJOR FINDINGS OF OPERATION Gastric resection with gastro-jejunostomy and excision.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	

22. I hereby certify that I attended the deceased from **1/16**, 19**52**, to **3/19**, 19**52**, that I last saw the deceased alive on **3/19**, 19**52**, and that death occurred at **10:50A** m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Klippel, M.D.		23b. ADDRESS 3701 Grandel Sq., St. Louis		23c. DATE SIGNED 3/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-20-52		24c. NAME OF CEMETERY OR CREMATORY Chester, Illinois	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 22 1952 J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weldge F. H., Chester, Ill.	
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NOTE (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Yabonke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.