

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32792**  
Registrar's No. **8547**

FILED OCT 1 1952

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 <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Murphysboro, 8120</b>	
		d. STREET ADDRESS (If rural, give location) <b>Route #4</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>Carl</b> c. (Last) <b>Buchholz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 9 52</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2-7-1913</b>
9. AGE (In years) last birthday <b>39</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson County, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Buchholz</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Buchholz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Buchholz, Murphysboro, Ill.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma c. generalized metastases</u></b> INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
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) <b>5:30 PM 9/10/52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>193x</b>			
22. I hereby certify that I attended the deceased from <b>Aug. 25, 1952</b> , to <b>Sept. 9, 1952</b> that I last saw the deceased alive on <b>Sept. 9, 1952</b> , and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>F.P. Bradley</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>9/10/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-9-52</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Murphysboro, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 11 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Crawshaw F.H.</b>		ADDRESS <b>Murphysboro, Ill.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

Malignant tumor lumber saw region

**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 W E Morris.....

Licensed Embalmer No. 3360.....

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.