S. No. 300
v. 10.48

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

FILED APR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15525

BIRTH NO. 24095 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3664

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson 4000
d. STREET ADDRESS (If rural, give location) Rt #10, Box 480 (21)

3. NAME OF DECEASED (Type or Print)
a. (First) Francis
b. (Middle) Irene
c. (Last) Bucher

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 53

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH 4-6-53
9. AGE (In years last birthday) / IF UNDER 1 YEAR Months / Days / IF UNDER 24 HRS. Hours 7 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Curtis Bucher
13b. MOTHER'S MAIDEN NAME Dolores Cordelia Delew
14. NAME OF HUSBAND OR WIFE ##########
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dolores Bucher, **ADDRESS** Ferguson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Fetus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Rupture Membranes — 2 weeks
DUE TO (c)

II. 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 [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 7615

22. *I hereby certify that I attended the deceased from* 4/6, 1953, *to* 4/6, 1953, *that I last saw the deceased alive on* 4/6, 1953, *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Hugh R. Smith (Degree or title) M.D.
23b. ADDRESS 607 N. Grand
23c. DATE SIGNED 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/8/53
24c. NAME OF CEMETERY OR CREMATORY Valhalla
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. APR 8 1953
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL **ADDRESS** FERGUSON, MO.
M.D.
(Licensed Embalmer's Statement on Reverse Side)

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. not Embalmed

Student .....
Student Embalmer

Signed Eleuan Rovince

Licensed Embalmer No. 3403

P. O. Address Jennings 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.