

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **16595**

No. 300
10-48

FILED APR 29 1953

Registrar's No. **1110**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville 4810	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Miller's Nursing Home 8149 Gravois		d. STREET ADDRESS (If rural, give location) Miller's Nursing Home	

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Buckley c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1953			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 1, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unk King		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Edward Buckley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. Dillon 3636 Cote Brillante	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Rt. Side)		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arthritis and		1 yr.
	DUE TO (c) Arteriosclerosis		1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION 331X	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)
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?

22. I hereby certify that I attended the deceased from **2/18/52**, 19**52**, to **Apr. 17, 1953**, that I last saw the deceased alive on **Apr. 16, 1953**, and that death occurred at **6:15am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Maltus M.D.	23b. ADDRESS 3608 South Grand Blvd	23c. DATE SIGNED 4/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-53	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 4-17-53	REGISTRAR'S SIGNATURE Harbert R. Danks M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD. ST. LOUIS 11, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm. Walters

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address. 6322 So Grand

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.