

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40238**  
Registrar's No. **11073**

**FILED DEC 4 - 1953**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

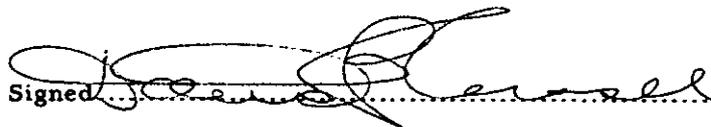
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. CITY OR TOWN <b>Chicago</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>3341 North Leavittt Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>BARBARA</b> b. (Middle) c. (Last) <b>BRUCKNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20, 1953</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 5, 1869</b>	9. AGE (In years) (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wilhermsdorf, Bavaria, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Melchior Adler</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Loeb</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Buckner</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 ADDRESS <b>Rev. Paul Boecler, 9233 Clayton Road</b>		
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) <b>Carcinoma of Rectum &amp; Esophygeal Varices</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>ESophageal hemorrhage</b> <b>due to (b) low 2 days. c. blood shock</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility - Myocarditis advanced.</b> <b>Coronary insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH <b>See</b> <b>1 months</b>
19a. DATE OF OPERATION <b>None</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>154X</b>			
22. I hereby certify that I attended the deceased from <b>Nov</b> , 19 <b>53</b> , to <b>11/20/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>11/20/53</b> , 19 <b>53</b> , and that death occurred at <b>5:05 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree of title) <b>Walter H. Hoffmann</b>		23b. ADDRESS <b>3108 S. Grand</b>		23c. DATE SIGNED <b>NOV 21 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>Nov. 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lukes Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chicago, Illinois</b>		
DATE REC'D BY LOCAL REG. <b>NOV 23 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Peiderwieden F.H. Inc., 1936 St. Louis Ave.</b>		

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.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 452

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.