V.S. No. 300
REV. 10.46

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

FILED NOV 19 1953

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

State File No. 41024

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10362

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6025 Dewey Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2019
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐ 0
e. STREET ADDRESS (If rural, give location): 6025 Dewey Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charlotte
b. (Middle): S
c. (Last): Rector

**4. DATE OF DEATH** (Month) (Day) (Year): November 1 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: April 21 1876
**9. AGE** (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home
**10b. KIND OF BUSINESS OR INDUSTRY**: ---
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Fredrick Buerkel
**13b. MOTHER'S MAIDEN NAME**: -- Buesemeyer
**14. NAME OF HUSBAND OR WIFE**: Walter Rector (Deceased)

**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**: Emelie Kiburz — ADDRESS: 6025 Dewey Ave

**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) _____ — 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) Coronary Occlusion

DUE TO (c) Arteriosclerosis

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 ☐ 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?** 4201

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

**23. SIGNATURE** (Degree or title): Fabrick E. Taylor Coroner
**23b. ADDRESS**: 3100 Clark
**23c. DATE SIGNED**: 11/2/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: Nov 1 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Missouri Crematory
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: NOV 2 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: L. L. Ziegenhein & Sons — ADDRESS: 7027 Gravois

(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 No Embalming, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.