

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20264

State File No.

FILED JUN 24 1954

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4625

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2079</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> /		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5407 Geraldine</u>		e. STREET ADDRESS (If rural, give location) <u>7 5407 Geraldine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ottile (Tillie)</u> b. (Middle) <u>Bucher</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5-24-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-21-1876</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milliner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milliner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept Store</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Francis Bucher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Knollenberg</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Janet Achenman 4143 W. Kossuth</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>	
*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) _____		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 <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) <u>4500</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>May</u> , 1951, to <u>May</u> , 1954, that I last saw the deceased alive on <u>May 20</u> , 1954, and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. C. Macdonald M.D.</u>		23b. ADDRESS <u>539 N. Grand Blvd</u>	23c. DATE SIGNED <u>5-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>MAY 24 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. K. Wilson 2707 N. Grand</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. Allen Davis*.....

Licensed Embalmer No. *40*.....

P. O. Address *St. L.*.....

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.