

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39569

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>2717</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>20 DAYS</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"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Edgewood Retreat; 4201 McKibbin Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>5475 Cabanne Ave</u> <u>2059</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>BUCHER</u>		c. (Last) <u>LARSON.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 23, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 4 1870</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Freeport, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ira Crippen.</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanor Bunts.</u>			14. NAME OF HUSBAND OR WIFE <u>Vincent Larson.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinton Lindburg., Creve Coeur, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia right</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiovascular</u> <u>1946+</u> DUE TO (c) <u>Arteriosclerosis</u> <u>1946+</u> II. OTHER SIGNIFICANT CONDITIONS <u>Fracture hip - nailed - healed</u> <u>July 26, 1954</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>August 1954</u>	
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) _____			
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 <u>4-5-1946</u> to <u>11-23, 1954</u> that I last saw the deceased alive on <u>7-23, 1954</u> , and that death occurred at <u>4: P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frederick D. ...</u> (Degree or title) <u>h.D.</u>				23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 Mo</u>		23c. DATE SIGNED <u>6-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/24/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeport, Illinois</u>	
DATE REC'D BY LOCAL OFF. <u>11/24/54</u>		REGISTRAR'S SIGNATURE <u>Heather K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. J. Lupton & Sons; 7233 Delmar Blvd.,</u>			

(Licensed Embalmers' Seal 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 *Arnold W. Schoen*.....

Licensed Embalmer No. *386*.....

P. O. Address *St. Louis*.....

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.