

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

42244  
State File No. ....  
Registrar's No. **10425**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>30 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>6142 Wilson</b>		e. STREET ADDRESS (If rural, give location) <b>3 6142 Wilson Ave. 2039</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b> b. (Middle) <b>Louise</b> c. (Last) <b>Buxell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15th 1954</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>April 21st 1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>24</b>
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>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Henry Westerman</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Kegbine</b>	14. NAME OF HUSBAND OR WIFE <b>(late) Charles Buxell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henrietta Taylor</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>None</b>		ADDRESS <b>Above</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>valvular heart disease</b>		
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)
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? <b>4214</b>

22. I hereby certify that I attended the deceased from **Jan**, 19**50** to **Nov**, 19**54**, that I last saw the deceased alive on **Nov 15**, 19**54** and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl Smith</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1703 St. Bernard</b>	23c. DATE SIGNED <b>11-16-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo.</b>

DATE REC'D BY LOCAL REG. <b>NOV 17 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Stanley F. Dixon*  
Licensed Embalmer No. *419*

P. O. Address *St. P.*

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.