

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34683

State File No. _____
Registrar's No. 8920

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 8920	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 2856 Meramec					
3. NAME OF DECEASED (Type or Print) a. (First) Georgia			b. (Middle) B.		c. (Last) DeBuck		4. DATE OF DEATH (Month) (Day) (Year) October 12, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 21, 1902		9. AGE (In years last birthday) 54 # UNDER 1 YEAR Months _____ Days _____ # UNDER 6 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Harris			13b. MOTHER'S MAIDEN NAME LaLucy Mustain			14. NAME OF HUSBAND OR WIFE Charles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles DeBuck 2856 Meramec St.				
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>Cerebral Apoplexy; whether due to natural causes or following auto accident on October 11th, 1955 about 2:15 pm. at the corner of Miami and Campbell Ave. could not be determined.</u> DUE TO (b) _____ THE CAUSE _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death: _____						INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
20a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Heart</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3311					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>10.13.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7901 Gravois ave.			
DATE REC'D BY LOCAL REG. OCT 13 1955		REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U.&L.Co. 7814 S. Broadway				

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 *Levin C. Hoffman*.....

Licensed Embalmer No. 38.....

P. O. Address 7814 S. 4.....

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.