

STANDARD CERTIFICATE OF DEATH

18495

FILED MAY 27 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4689

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| 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>/</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO.</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>15 HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL 1610 3157 PENNSYLVANIA</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) | | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LENA</u> | b. (Middle) | c. (Last) <u>BUCKER</u> |
| 4. DATE OF DEATH | (Month) (Day) (Year) <u>MAY 17 1957</u> | | |
| 5. SEX <u>FCMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | 8. DATE OF BIRTH <u>JAN. 11 1878</u> |
| 9. AGE (In years last birthday) | <u>79</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
| 13a. FATHER'S NAME <u>EDWARD VIERLING</u> | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <u>EDWARD BUCKER SR.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WALTER BUCKER 3157 PENNSYLVANIA</u> | |

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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension C.V.R. Syndrome</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | |
| | DUE TO (c) <u>Cerebral Hemorrhage</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>420.0</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 |

22. I hereby certify that I attended the deceased from 11/3/56, 1956, to 5/17/57, 1957, that I last saw the deceased alive on 5/16, 1957, and that death occurred at 4:52 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree of title) <u>E. Krenzel M.D.</u> | 23b. ADDRESS <u>40755 Grand</u> | 23c. DATE SIGNED <u>5/17/57</u> |
|--|------------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>MAY 20 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL GEM. JEFFERSON BARRACKS</u> | 24d. LOCATION (City, town, or county) (State) <u>MO</u> |
| DATE REC'D BY LOCAL REG. <u>MAY 17 '57</u> | REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kette 2906 Georgia</u> | |

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.....
James E. Dill

Licensed Embalmer No. *4347*

P. O. Address *2906*

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.