

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

372339
STATE FILE NUMBER
1003
10612
Registrar's No.

FILED NOV 15 1957

Registration District No. 318 Primary Registration District No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1				Length of stay in lb		d. STREET ADDRESS 2237 2127 Lynch St.		
3. NAME OF DECEASED (Type or print) MARY				First Middle Last BUDT		4. DATE OF DEATH NOV. 5, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 19, 1869		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 88		
13a. FATHER'S NAME Timothy O'connor				13b. MOTHER'S MAIDEN NAME Mary Sahy		14. NAME OF HUSBAND OR WIFE Charles Budt		
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 Rosemary Davison		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS				DUE TO (b) ADENO CARCINOMA OF COLON		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE				153x				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 10/18/57 to 11/5/57 and last saw her alive on 11/5/57 Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Daniel J. Spillaly, M.D.				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 11/6/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/8/57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		
24. FUNERAL DIRECTOR John H. Gebken Sons			ADDRESS 2630 Gravois Ave.		25. DATE RECD. BY LOCAL REG. NOV 7 57		26. REGISTRAR'S SIGNATURE Paul Smith MO mfs	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MISSOURI

St. Louis

5127 Larch St.

Jan. 19, 1969

88 9 18

U. S. A.

St. Louis Mo.

Charles Britt

Mary Sahr

Rosemary Davison 1421 74th St.

Female

At Home

Timothy O'Connor

No

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 *Walter W. Deckerle*

Licensed Embalmer No. *4329*

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

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.