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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011419
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2800

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3932 N. Florrisant — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Albert Middle J. Last Bueter

4. DATE OF DEATH Month 3 Day 9 Year 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 6-15-1893

9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY Unemployed

11. BIRTHPLACE (City and state or country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Bueter

14. MOTHER'S MAIDEN NAME Mary Lueggering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO. 489-01-9935

17. INFORMANT Genevieve Bueter Address 3932 N Florissant

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LYMPHOBLASTIC LYMPHOMA WITH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) METASTASES TO LUNGS, THYROID &
DUE TO (c) PARA-AORTIC LYMPH NODES.

INTERVAL BETWEEN ONSET AND DEATH: 18 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200.2

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION St. Louis — COUNTY St. Louis — STATE Mo

21. I attended the deceased from 2-19-58, to 3-9-58 and last saw her/him alive on 3-9-58
Death occurred at 2:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dalton Walter Kennedy J. M. D.

22b. ADDRESS 1325 So Grand Blvd

22c. DATE SIGNED 3-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-12-1958

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Mo

24. FUNERAL DIRECTOR Chas Koch & Son ADDRESS 3516 N. 14th

25. DATE RECD. BY LOCAL REG. MAR 10 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert J. Gaw Jr.

Licensed Embalmer No. 480

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.