

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030126  
STATE FILE NUMBER  
7603  
Registrar's No.

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7603

S. 300  
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton, Mo.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in 1b 2 wks.	d. STREET ADDRESS (If outside, give location) 215 Brighton Way
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH BUXTON BAIR			4. DATE OF DEATH Month Day Year Aug. 1, 1958
5. SEX F / W	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Secretary		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years birth/day) 58 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Jefferson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William J. Buxton		13b. MOTHER'S MAIDEN NAME Amelia Meyer	14. NAME OF HUSBAND OR WIFE Harvey L. Bair
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. 4-92-10-3602	17. INFORMANT Address Mrs. W. H. Buxton, 817 S. Sappington	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Massive pulmonary embolism</i> DUE TO (c) <i>Phlebotomy following surgery.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 mins</i> <i>5 days?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I of item 18. <i>Carcinoma of sigmoid colon (Resected)</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>153.3</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <i>Mar. 10 1958</i> to <i>Aug. 1 58</i> and last saw her alive on <i>Aug 1, 1958</i> Death occurred at <i>4:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Burkile Eck M.D.</i>		22b. ADDRESS <i>508 N. Grand</i>	22c. DATE SIGNED <i>Aug. 5, 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-5-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lower Cedar Hill Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Co., Mo.</i>
24. FUNERAL DIRECTOR <i>Parker-Aldrich Webster Groves</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 6 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

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 *Leslie Welch* .....

Licensed Embalmer No. *4395*  
P. O. Address *Water Street*

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.